

52 10001 61-14678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10001

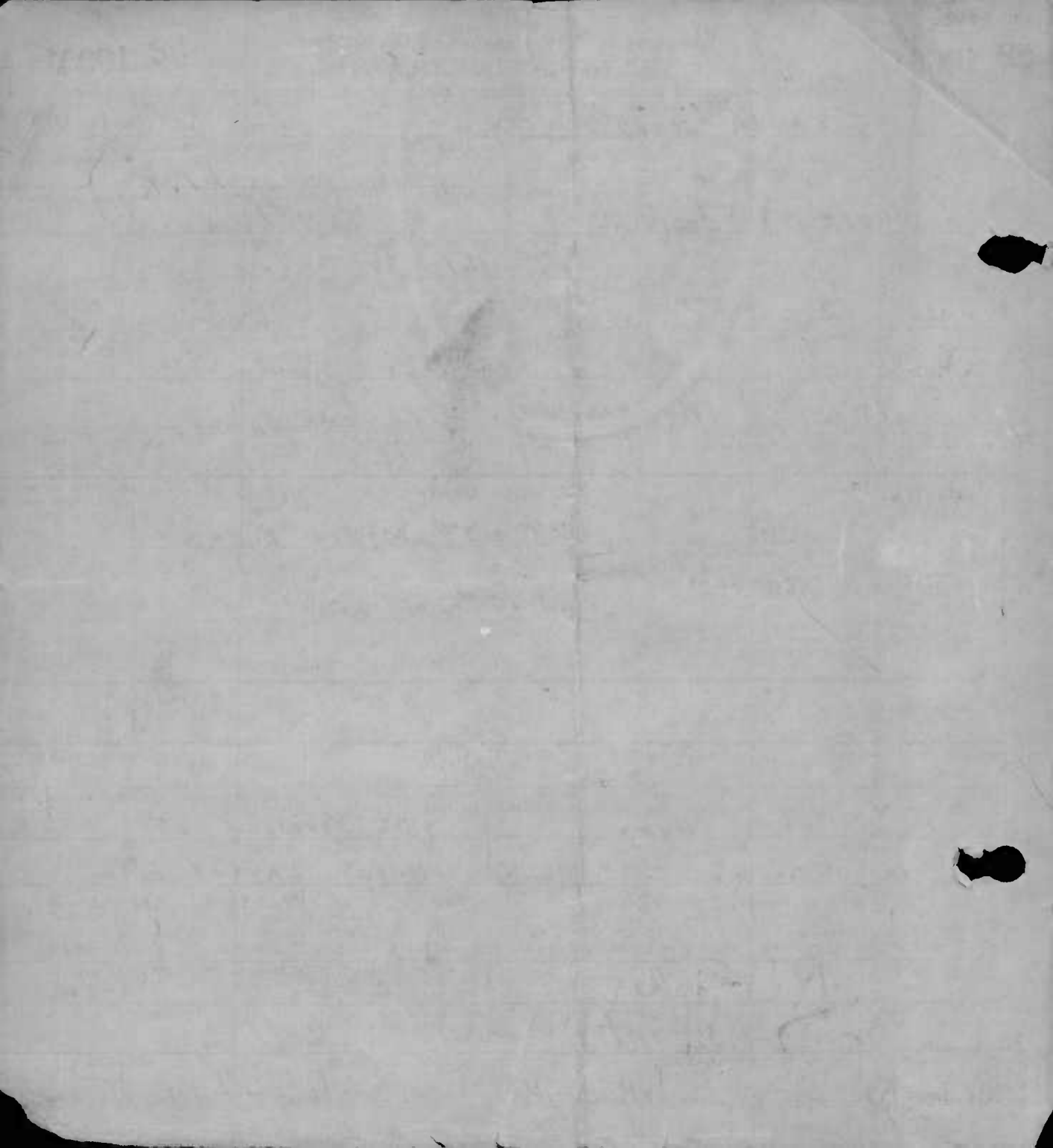
BIRTH NO. 52 10001		1. NAME OF DECEASED (Type or Print) TEXANNA MONTGOMERY		2. DATE OF DEATH OCT-31-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY Harford		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		D. STREET ADDRESS (If rural, give location) 1816 Division St		E. LENGTH OF STAY IN BALTIMORE	
5. SEX Female		6. COLOR OR RACE C.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH 16 mos	
13. FATHER'S NAME Howard Montgomery		11. BIRTHPLACE (State or foreign country) Balto Md.		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Bertha R. Montgomery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		17. ADDRESS 1816 Division St		14. MOTHER'S MAIDEN NAME Bertha R. Montgomery	

18. E 916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH 2nd + 3rd DEGREE BURNS		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) ON 90% OF B.DY			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B)			
		(C)			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1816 Division St. 14/3	
21D. TIME (Month) (Day) (Year) (Hour) 10 31 52 9 a.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? HOUSE CAUGHT FIRE	

22. I certify that I took charge of the remains described above, held an **INSPECTION** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R S Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11-2-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 4-1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	
24D. LOCATION (City, town, or county) Baltimore Md		25. FUNERAL DIRECTOR Brooks Ruggold		ADDRESS 1463 N. Carey St	
DATE RECEIVED BY LOCAL REGISTRAR NOV 3-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 151 N948.2	



52 10002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10002

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRIET HARRISON

2. DATE
OF
DEATH

Oct. 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1807 E. Eager Street

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 6 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Unknown

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Craniocerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Route 175-Jessup, Anne Arundel County

21D. TIME (Month) (Day) (Year) (Hour)

Oct. 30, 1952 2:00 P.m.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Struck by auto (pedestrian)

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Oct. 31, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 3/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 3-1952

REGISTRAR'S SIGNATURE

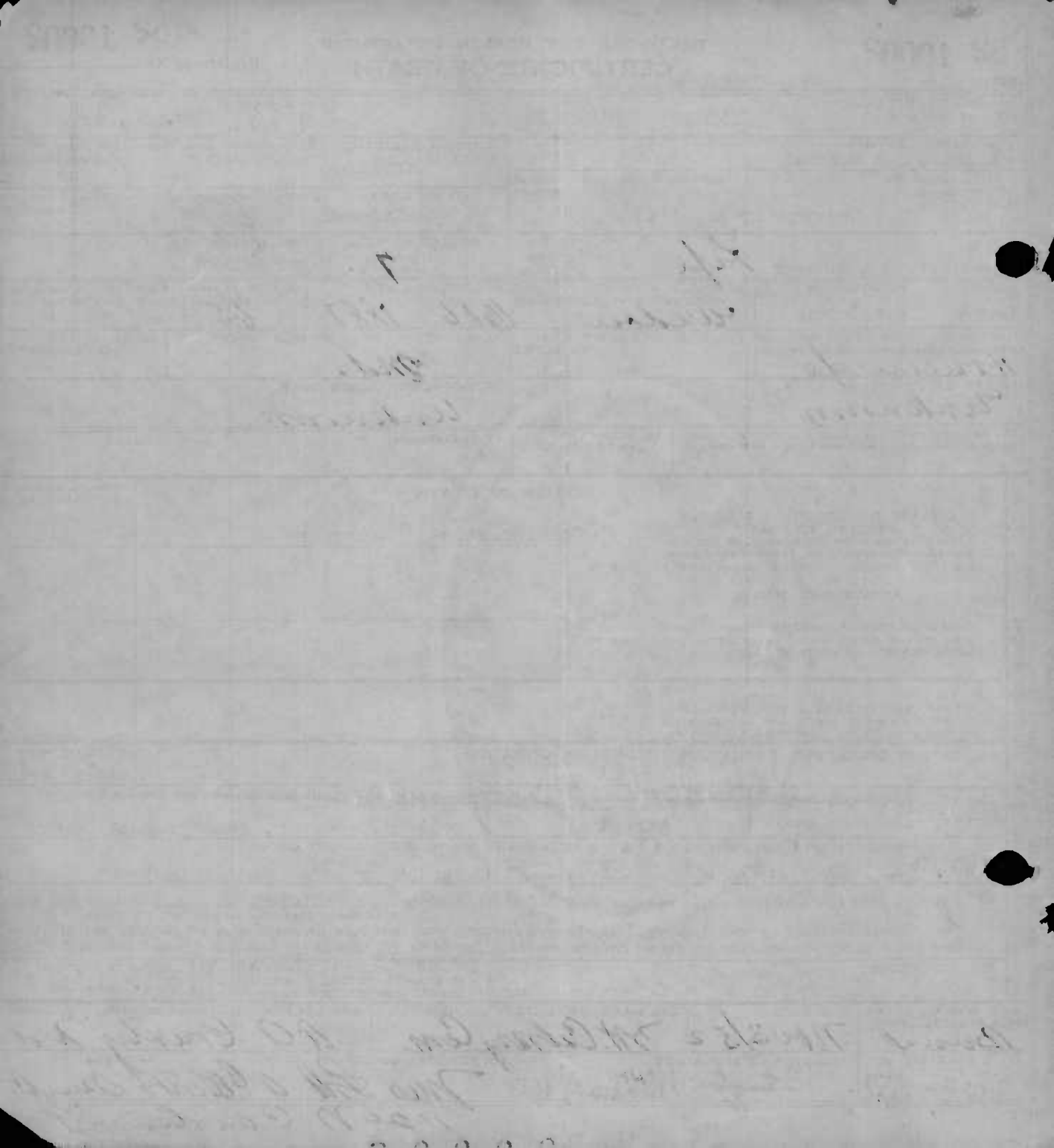
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. L. A. Elliott & Daugh

ADDRESS

1129 N. Caroline St



52 10003

CERTIFICATE CORRECTED 11/13/52 ES

52 10003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. **MLB. 164474**1. NAME OF DECEASED
(Type or Print) **Daisey Howell**2. DATE
OF DEATH **11-1-52**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY before admission)B. FULL NAME OF HOSPITAL OR INSTITUTION **Baltimore City Hospitals**
4940 Eastern AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore **15 yrs**
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
913 E. Fayette St5. SEX **Female** 6. COLOR OR RACE **Negro** 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) **Married**8. DATE OF BIRTH **August 28, 1898** 9. AGE (In years last birthday) **54 yrs** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **North Carolina** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Bob Watkins (d)

14. MOTHER'S MAIDEN NAME

Nannie Burnett (d)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **Records: Baltimore City Hospitals**
4940 Eastern Ave. Balto Md.18. **59rx** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Uremia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Chronic glomerulonephritis**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-28**, 19 **52** to **11-1**, 19 **52** that I last saw the deceased alive on **11-1**, 19 **52**, and that death occurred at **7:30** A. M. from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johns Doe.

M. D.

23B. ADDRESS

4940 Eastern Ave Balto. Md.

23C. DATE SIGNED

11-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov 4/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Clifford N. Carline

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. L. G. Ellington**1129 N. Caroline St**

See query reply in Document File

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

DATE OF DEATH

(4)

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

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DATE OF DEATH

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DATE OF DEATH

DATE OF DEATH

436

CERTIFICATE CORRECTED

11/14/52

ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10004

52 10004

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Fred Walter</i>		2. DATE OF DEATH <i>Oct 31, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Burg 1 Hal 5</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>8-06</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>1502 N. Ashmun St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7-22-84</i>
9. AGE (In years last birthday) <i>68</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <i>Germany</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Gustav Walter</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Katato</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>191X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Emphysema</i> DUE TO <i>Right groin, left lung</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Metastatic Carcinoma</i> DUE TO <i>Squamous cell carcinoma, sole of right foot.</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>1950</i>	19b. MAJOR FINDINGS OF OPERATION <i>Metastatic Carcinoma</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-23-*, 19*52* to *10-31-*, 19*52*, that I last saw the deceased alive on *10-31-*, 19*52*, and that death occurred at *11:20 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>11/3/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>PARKWOOD</i>	24d. LOCATION (City, town, or county) (State) <i>BALTIMORE MD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 3 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Blumen & Hoffman</i>	ADDRESS <i>1639 Broadway</i>

VS 150

See query reply in Document File

CERTIFICATE OF DEATH

CAUSE OF DEATH

200
52 10005BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10005

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha B. Roach

2. DATE
OF
DEATH

Nov. 1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3209 Barclay St.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3209 Barclay St

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Calvin T. Roach - 2316 Vry Ave

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOHypertensive cardio-
vascular-renal disease

12 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1940 to 11. 1. 1952, that I last saw the
deceased alive on 11. 1. 1952, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 10006

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH GOLDMAN

2. DATE
OF
DEATH

11-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

43 No Patterson Park Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

43 No Patterson Park Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-7-?

9. AGE (In years
last birthday)

77

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Butcher

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Judah

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Albert Goldman - 1314 Eutan Pl

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

5 min.?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arterio sclerosis

20 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Emphysema + chr. Bronchitis

25 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1935 to Nov 2, 1952, that I last saw the deceased alive on Nov 2, 1952, and that death occurred at 12:47 m., from the causes and on the date stated above.

23A. SIGNATURE

Jacob Cohen

23B. ADDRESS

1804 Eutan Place

23C. DATE SIGNED

11/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-3-52

24C. NAME OF CEMETERY OR CREMATORY

Mishken & Israel

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Myrick Lewis

ADDRESS

2100 Eutan Pl

Cohen
1804 Eastward

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10007
Registered No. _____

422
52 10007
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Maryanna Slowikowski			2. DATE OF DEATH 11/1/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1740 Lancaster Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION At Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 31,		
D. STREET ADDRESS (If rural, give location) 1740 Lancaster Street					
E. Length of stay in Baltimore 50 Yrs.					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 3/8/1878		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Southern Packing Co.	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Michael Damesyn			14. MOTHER'S MAIDEN NAME Catherine Plewacki		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 218-05-5485	17. INFORMANT ADDRESS Cecelia Imbierowicz 600 S. Belnord Ave		

18. 47001 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Coronary Thrombosis		Instant	
(B) Chronic Myocarditis		4 yrs.	
(C) Hypertension arteriosclerosis		5 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1948 to Nov. 1, 1952 that I last saw the deceased alive on Oct. 31, 1952 and that death occurred at 5:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE John V. Szelebriski		23B. ADDRESS 1802 Eastern Ave		23C. DATE SIGNED 11-3-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/5/1952		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
				24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave, Balto, Md.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 3-1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS George A. Weber 705 S. Ann st	
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1000 53

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1000 53

1



656
52 10008
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10008
Registered No.

1. NAME OF DECEASED (Type or Print) MR. FREDERICK CARROLLTON GERMROTH			2. DATE OF DEATH 11-1-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore LIFE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3718 TUDOR ARMS AVE.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH FEB. 23, 1896	9. AGE (In years last birthday) 56	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10B. KIND OF BUSINESS OR INDUSTRY U.S. Navy -ret.	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME PETER GERMROTH (D)			14. MOTHER'S MAIDEN NAME EMMA MUELLER (D)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. ELSIE GERMROTH (WIFE) -SAME		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO-SCLEROTIC HEART Dis. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH MYOCARDIAL INFARCTION ARTERIO-SCLEROTIC HEART Dis.	INTERVAL BETWEEN ONSET AND DEATH 3 DAYS UNKNOWN
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-29**, 19**52** to **11-1**, 19**52** that I last saw the deceased alive on **11-1**, 19**52**, and that death occurred at **9:30** a.m., from the causes and on the date stated above.

23A. SIGNATURE Waverly W. Weylaicher M. D.	23B. ADDRESS Union Memorial Hosp.	23C. DATE SIGNED 11-1-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/3/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 3-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS, INC. BALTO., 13, Md.	

VS. 150

5 200 94 000 1

Sept 2 1952

80001 80

CERTIFICATE OF DEATH

80001 80

DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

1000

416
52 10009BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10009
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William M. ELBOURNE (ELBURN)

2. DATE
OF
DEATH

NOV. 4. 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

MARINE HOSPITAL

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

1417 N. Decker St

5. SEX

MALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 23, 1898

9. AGE (in years

last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10b. KIND OF BUSINESS OR

INDUSTRY

City of Balto

11. BIRTHPLACE (State or foreign country)

Rock Hall, Md

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

John Elbourne

14. MOTHER'S MAIDEN NAME

Nellie Firch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

W. W. I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Daisy Elbourne Sam

18. E 857 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) 2ND + 3RD Degree BURNS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) OF ABDOMEN AND Legs.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

HARBOR

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

ABOARD THE "LATROBE"

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

OCT. 30-52

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

BURNED BY ESCAPING STEAM

22. I certify that I took charge of the remains described above, held an ~~Autopsy~~ thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

11-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-4-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Frederick Ave Md

24D. LOCATION (City, town, or county)

(State)

LOCAL RECEIVED BY
DATE REGISTRAR

NOV 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mildred A. Bligh, 6009 Bayview St

VS 151

N 947.2

583.930000

470
52 10010BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10010
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MRS. JOAN ELLIS			2. DATE OF DEATH 10-31-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27-07		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Church Home & Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 37 Yrs. MOS. Days			D. STREET ADDRESS (If rural, give location) 7209 Old Harford Road		
5. SEX F.	6. COLOR OR RACE N.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH Feb 24, 1915	9. AGE (in years last birthday) 37	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Stokes			12. CITIZEN OF WHAT COUNTRY? U.S.		
14. MOTHER'S MAIDEN NAME Jean Schubert			17. INFORMANT Church Home & Hospital		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO.		ADDRESS	

18. **171X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of Cervix**
DUE TO **2 external & metastatic****4 yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Sept 24, 1952**, to **Oct. 31, 1952**, that I last saw the deceased alive on **Oct 31, 1952**, and that death occurred at **6:25 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

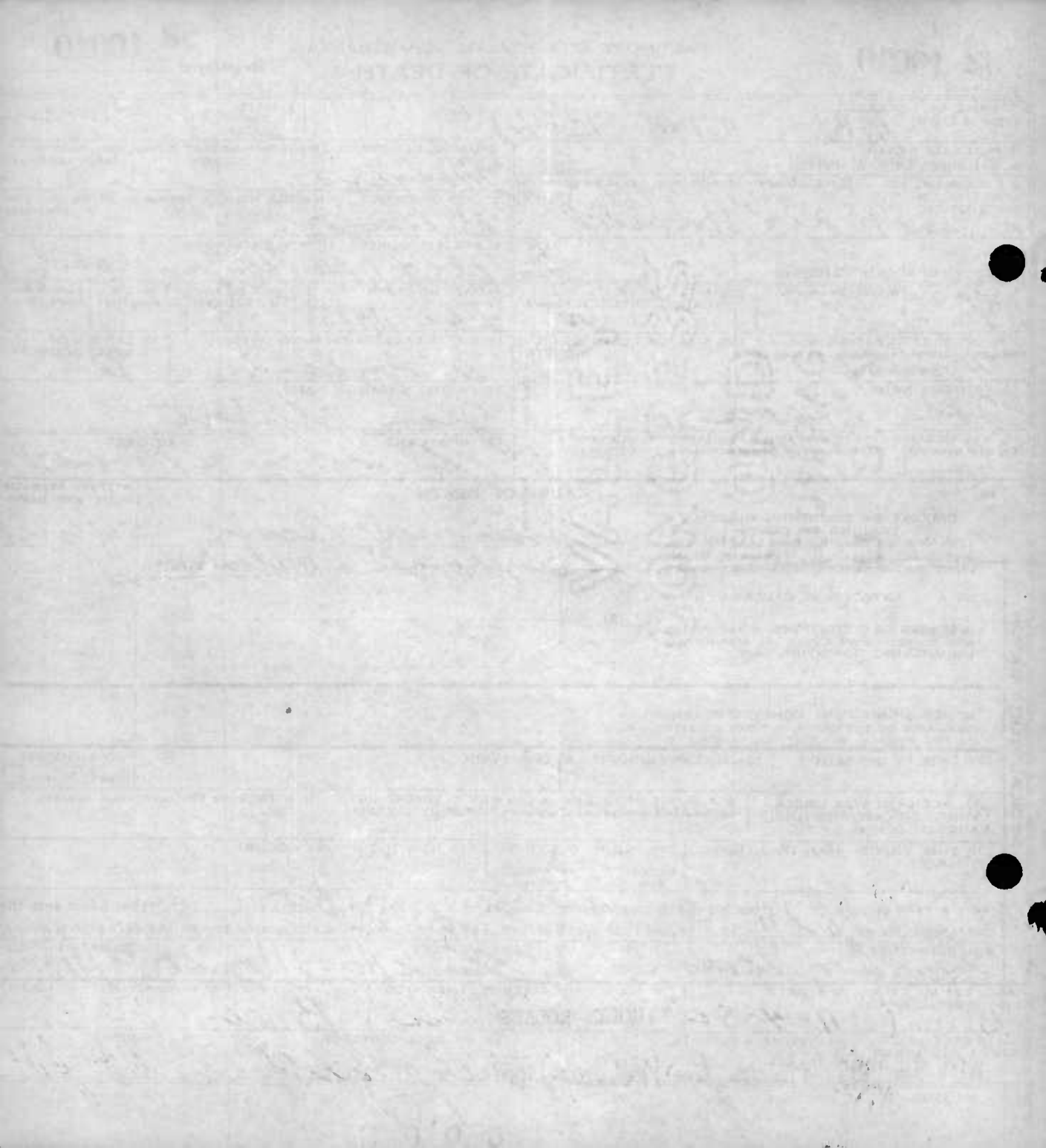
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



451
52 10011

CERTIFICATE CORRECTED 11/13/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10011
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Molena Delray Plumb</i>		2. DATE OF DEATH <i>Nov. 1, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1714 Guilford Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1714 Guilford Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Sept 24, 1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Andrus Melholm</i>		14. MOTHER'S MAIDEN NAME <i>Rachel Ruhl</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
		17. INFORMANT <i>Thos Jennie Ridout, 1714 Guilford Ave</i>	

18. *174X* CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Carcinoma of pelvis*

DUE TO

Uterus, primary site

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?22. I hereby certify that I attended the deceased from *July*, 1950, to *Nov 1*, 1952 that I last saw the deceased alive on *Nov 1*, 1952, and that death occurred at *m.*, from the causes and on the date stated above.23A. SIGNATURE *Jack J. Singer* M. D. 23B. ADDRESS *506 E. North Ave* 23C. DATE SIGNED *11/3/52*24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *11/4/52* 24C. NAME OF CEMETERY OR CREMATORY *New Freedom* 24D. LOCATION (City, town, or county) (State) *New Freedom Pa*DATE RECEIVED BY LOCAL REGISTRAR *NOV 3-1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Wm. J. P. ...* ADDRESS *1217 St. ...*

See Document File for query reply

552
52 10012BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10012
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph Denning</i>		2. DATE OF DEATH <i>Oct 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Brady 2</i> <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>910 E. 20th St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>6-27-1882</i>
9. AGE (In years last birthday) <i>70</i>		10. UNDER 1 Year Months: Days: Hours: Min.	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Night Watchman</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Thomas Denning</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Landragan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. *606X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *10/9*, 19*52*, to *10/30*, 19*52*, that I last saw the deceased alive on *10/30*, 19*52*, and that death occurred at *6:00 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10013
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES SCHLAGEL

2. DATE
OF DEATH Nov. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION

22 N. Carey Street

C. CITY OR TOWN (If outside corporate limits, write (RURAL and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

22 N. Carey St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH

Jan 12th 18789. AGE (In years
last birthday)

74

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Producer

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles L. Schlager

14. MOTHER'S MAIDEN NAME

Anna Meinhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Emma Braun 2506 Albion Ave

18. E812.0

CAUSE OF DEATH

INTERVAL BETWEEN
DNSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office hldg., etc.)
street21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore & Carey Sts.

21D. TIME (Month) (Day) (Year) (Hour)

Nov. 1, 1952 8:00 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by bakery truck

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 1, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/5/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

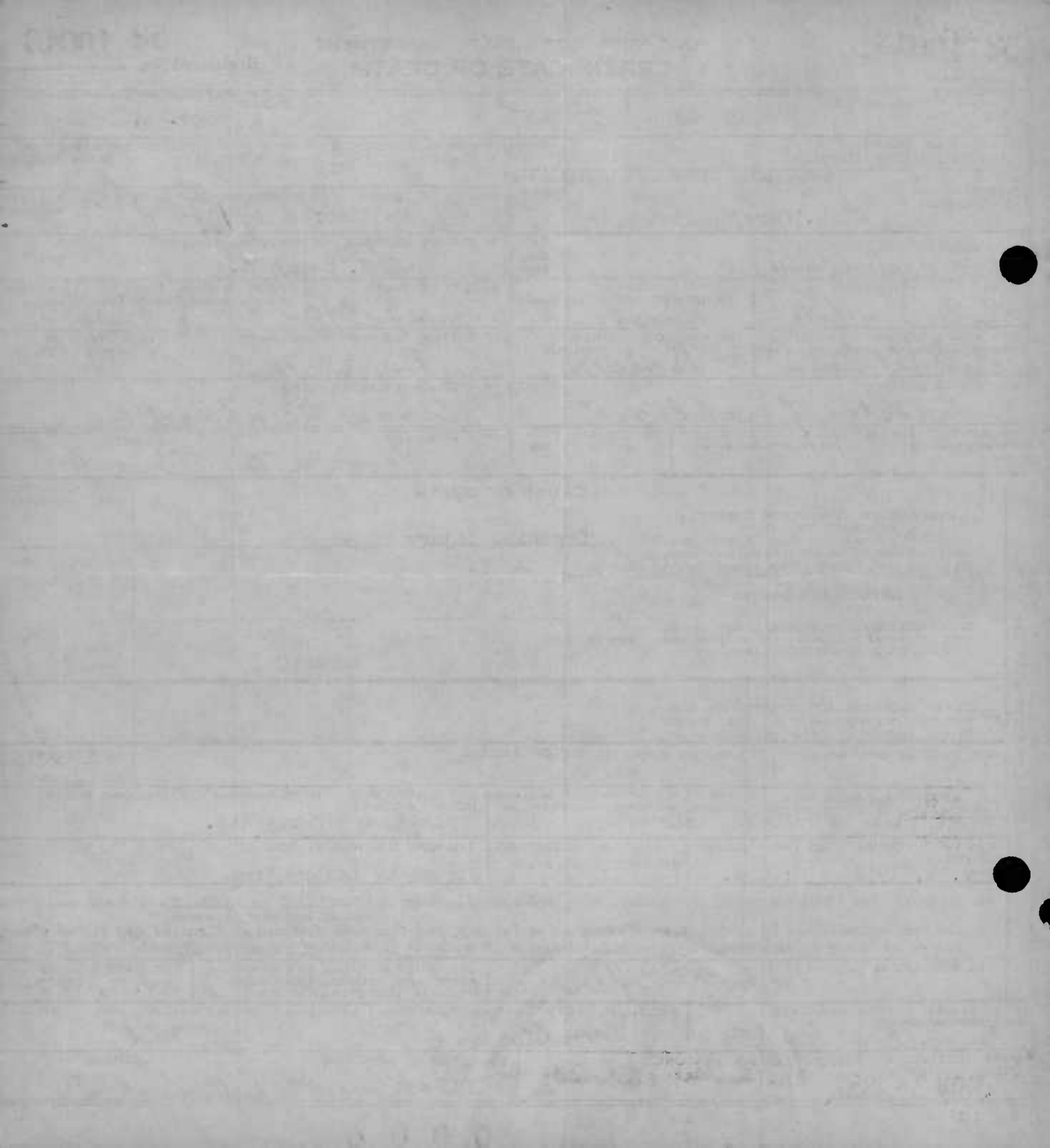
NOV 3 - 1952

Wm Cook Inc. 1217 St. Paul St.

VS 151

N 803.2

52 049068000



52 10014
VMC-164587BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10014
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ursa Boynton

2. DATE
OF
DEATH

11-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR Baltimore City Hospitals
INSTITUTION (If not in hospital or institution, give street address or location)

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1103 DeMarcy Way # 24

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 9, 1896

9. AGE (In years
last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Stoner

14. MOTHER'S MAIDEN NAME

Nellie Akers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Ave.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Cerebral hemorrhage

(A)

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

20 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-1952, to 11-1-1952, that I last saw the
deceased alive on 11-1-1952, and that death occurred at 6:45P m., from the causes and on the date stated above.

23A. SIGNATURE

H. E. Johnson M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

11-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/5/52

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3-1952 Washington, Md. Cook Inc. 1217 St. Paul St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10-10-1917

10-1-17

10-1-17

DECEASED

10-1-17

10-1-17

10-1-17

10-1-17

10-1-17

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10-1-17

10-1-17

52 10015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10015

Registered No.

BIRTH NO. 50-09219

1. NAME OF DECEASED
(Type or Print)

JUNE CAROL BUTTS

2. DATE
OF
DEATH

11-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Union Memorial HospitalC. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore 27-48Length of stay in Baltimore
2 Yrs.
25 Mos.
18 DaysD. STREET ADDRESS (If rural, give location)
5565 Midwood Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

May 4 1950

9. AGE (In years last birthday)

3

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore12. CITIZEN OF WHAT COUNTRY?
U. S. A.13. FATHER'S NAME
Gilbert K. Butts14. MOTHER'S MAIDEN NAME
Eleanor Margaret Wollschlaeger15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
MotherADDRESS
Same

18. 587.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) DUE TO
Broncho pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
Cystic Pancreatic fibrosis
OF PANCREAS

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2-1951, to 11-1-1952, that I last saw the deceased alive on 11-10-1952, and that death occurred at 5 a. m., from the causes and on the date stated above.

23A. SIGNATURE
D. N. Lagon

M. D.

23B. ADDRESS
UNION MEMORIAL HOSP23C. DATE SIGNED
11/1/5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
11/4/5224C. NAME OF CEMETERY OR CREMATORY
Parkwood24D. LOCATION (City, town, or county)
Parkville Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR
NOV 3 - 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR
Wm Cook Inc.ADDRESS
1217 St. Paul St

VS 150

9520010000

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Registrar	
11. Signature of Medical Officer		12. Signature of Coroner		13. Signature of Police Officer		14. Signature of Burial Officer		15. Signature of Witnesses	
16. Signature of Deceased		17. Signature of Next of Kin		18. Signature of Priest		19. Signature of Minister		20. Signature of Undertaker	
21. Signature of Registrar		22. Signature of Registrar		23. Signature of Registrar		24. Signature of Registrar		25. Signature of Registrar	
26. Signature of Registrar		27. Signature of Registrar		28. Signature of Registrar		29. Signature of Registrar		30. Signature of Registrar	
31. Signature of Registrar		32. Signature of Registrar		33. Signature of Registrar		34. Signature of Registrar		35. Signature of Registrar	
36. Signature of Registrar		37. Signature of Registrar		38. Signature of Registrar		39. Signature of Registrar		40. Signature of Registrar	
41. Signature of Registrar		42. Signature of Registrar		43. Signature of Registrar		44. Signature of Registrar		45. Signature of Registrar	
46. Signature of Registrar		47. Signature of Registrar		48. Signature of Registrar		49. Signature of Registrar		50. Signature of Registrar	
51. Signature of Registrar		52. Signature of Registrar		53. Signature of Registrar		54. Signature of Registrar		55. Signature of Registrar	
56. Signature of Registrar		57. Signature of Registrar		58. Signature of Registrar		59. Signature of Registrar		60. Signature of Registrar	
61. Signature of Registrar		62. Signature of Registrar		63. Signature of Registrar		64. Signature of Registrar		65. Signature of Registrar	
66. Signature of Registrar		67. Signature of Registrar		68. Signature of Registrar		69. Signature of Registrar		70. Signature of Registrar	
71. Signature of Registrar		72. Signature of Registrar		73. Signature of Registrar		74. Signature of Registrar		75. Signature of Registrar	
76. Signature of Registrar		77. Signature of Registrar		78. Signature of Registrar		79. Signature of Registrar		80. Signature of Registrar	
81. Signature of Registrar		82. Signature of Registrar		83. Signature of Registrar		84. Signature of Registrar		85. Signature of Registrar	
86. Signature of Registrar		87. Signature of Registrar		88. Signature of Registrar		89. Signature of Registrar		90. Signature of Registrar	
91. Signature of Registrar		92. Signature of Registrar		93. Signature of Registrar		94. Signature of Registrar		95. Signature of Registrar	
96. Signature of Registrar		97. Signature of Registrar		98. Signature of Registrar		99. Signature of Registrar		100. Signature of Registrar	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10016
Registered No.

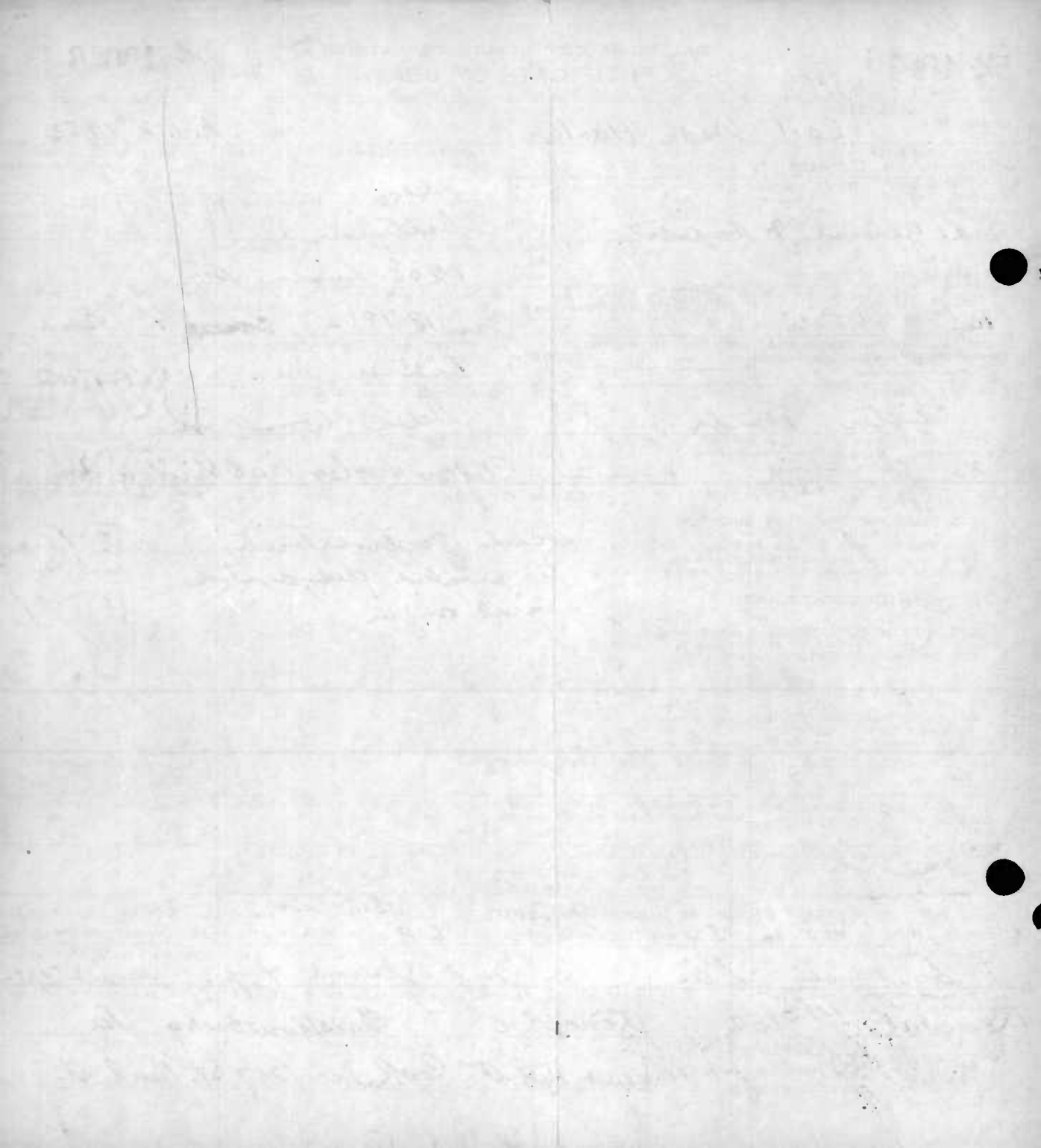
646
52 10016
BIRTH NO. 52-13938

1. NAME OF DECEASED (Type or Print) Carl Wade Harler			2. DATE OF DEATH Nov. 2 '1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Me. B. COUNTY 11-04		
5. FULL NAME OF HOSPITAL OR INSTITUTION md. General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1208 Linden Ave.		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 18 '1952	9. AGE (In years last birthday) 4 15	10. Under 1 Year Months Days 4 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? American		
13. FATHER'S NAME Clifton Harler			14. MOTHER'S MAIDEN NAME Helen Woolwine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Clifton Harler			ADDRESS 1208 Linden Ave		

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Acute gastroenteritis		? 1 month	
		DUE TO marked dehydration			
		(B) viral origin			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 2 , 19 52 , to Nov. 2 , 19 52 , that I last saw the deceased alive on Nov. 2 , 19 52 , and that death occurred at 6 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Sze-jen Lin		23B. ADDRESS Md. General Hosp.		23C. DATE SIGNED Nov. 2 '1952	
24A. BURIAL CREMA TION, REMOVAL (Specify) Removal		24B. DATE 11/3/52		24C. NAME OF CEMETERY OR CREMATORY Lincoln	
24D. LOCATION (City, town, or county) (State) Christiansburg Va.		25. FUNERAL DIRECTOR Wm Cook, Inc. 1217 St. Paul St.			

MEDICAL CERTIFICATION



5290017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10017

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARCUS H. DEAN

2. DATE
OF DEATH Oct. 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Marine Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Massachusetts

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Boston

D. STREET ADDRESS (If rural, give location)

69 Roggles Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 12, 1900 52

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Key West Fla.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. Dean

14. MOTHER'S MAIDEN NAME

Jesse Dunbar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Alice Turner

ADDRESS

127th St. N.Y.

18. E983X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cranio-cerebral injury

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

500 block W. Biddle Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Oct. 27, 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck on head during altercation

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Oct. 31, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952

Huntington Williams, M.D.

Mrs. Kate R. Williams, Schroeder

...LY,
im

420
52 10018BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10018
Registered No.

BIRTH NO. 52-23988

1. NAME OF DECEASED
(Type or Print)

Baby Boy Wallace

2. DATE
OF
DEATH

Nov. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Mercy Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Sept. 26, 1952

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days

1 7

11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

William Clyde Wallace

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. E. Wallace 2522 Ashland Ave.

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardio-respiratory failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

(C)

Chronic Diarrhea

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1952, to Nov. 2, 1952, that I last saw the
deceased alive on Nov. 2, 1952, and that death occurred at 6:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952

Huntington Hall, Md.

John L. Miller 2334 Jefferson St.

25 1008

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

25 1008

WATER

32-4730-03

1910

10-4-10

10-12-10

1000

345
52 10019

52 10019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Leonard G. Rothlingshofer</i>		2. DATE OF DEATH <i>Nov. 2 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2918 Westfield Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-07</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2918 Westfield Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 11, 1910</i>	9. AGE (In years last birthday) <i>42</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Bureau of Sanitation</i>		11. BIRTH PLACE (State or foreign country) <i>Balto. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>Leonard Rothlingshofer</i>		14. MOTHER'S MAIDEN NAME <i>Clara Nuetzel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>214-03-1337</i>		17. INFORMANT ADDRESS <i>Katharine A. Rothlingshofer - 2918 Westfield Ave.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Coronary Occlusion</i> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 2</i> , 1952, to <i>Nov 2</i> , 1952, that I last saw the deceased alive on <i>Nov 2</i> , 1952, and that death occurred at <i>5:20</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Isabel Tish...</i>		23B. ADDRESS <i>3422 Belair Rd.</i>		23C. DATE SIGNED <i>11/3/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 5 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Easton Ave. - Balto. Md.</i>		25. FUNERAL DIRECTOR <i>John C. Miller Inc. - 2435 E. Ohio St.</i>		ADDRESS	

MEDICAL CERTIFICATION

9683 93010012

616
52 10020BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10020

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

Mr. Henry Korber

2. DATE
OF
DEATH

11-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home + Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MD.B. COUNTY
BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-05

D. STREET ADDRESS (If rural, give location)

3214 Chesley Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

April 13, 1874

9. AGE (In years last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - Investigator

10B. KIND OF BUSINESS OR INDUSTRY

Hart & Co.

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Korber

14. MOTHER'S MAIDEN NAME

BOWER, KUNIKIDUA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Daughter. 3214 Chesley Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) A.T. Scler. HEART DISEASE

DUE TO

20 years.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 10-26, 1952 to 10-1, 1952 that I last saw the deceased alive on 10-1, 1952, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. C. Collins

M. D.

23B. ADDRESS

Church Home + Hosp.

23C. DATE SIGNED

11-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Immanuel Cem.

24D. LOCATION (City, town, or county)

Grindon Ave. - Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John C. Miller Inc. - 2435 E. Oliver St.

1000

RECEIVED

1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 10021

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mary E. Le Brun</u>		2. DATE OF DEATH <u>10-30-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>Balto. City Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>26 07</u>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>602 S. Macon Street</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 25, 1875</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (In years last birthday) <u>77</u>
11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <u>John Schlefflein</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Seibert</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>William H. Le Brun</u>		ADDRESS <u>602 S. Macon St.</u>	

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Hypertension C. V. Disease</u> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct, 1946, to 10/30, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 P m., from the causes and on the date stated above.

23A. SIGNATURE John H. Gordon M. D. 23B. ADDRESS 3400 E. Belk St 23C. DATE SIGNED 10/31/52

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11-3-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Taylor Ave. - Balto. Md.</u>
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DATE RECEIVED BY LOCAL REGISTRAR NOV 3 - 1952 REGISTRAR'S SIGNATURE Huntington Hill 25. FUNERAL DIRECTOR'S ADDRESS John C. Miller, Inc. - 2435 E. Oliver St

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Signature of medical examiner		12. Signature of coroner		13. Signature of jury		14. Signature of witnesses		15. Signature of funeral home	
16. Signature of undertaker		17. Signature of cemetery		18. Signature of burial place		19. Signature of interment		20. Signature of final disposition	
21. Signature of final disposition		22. Signature of final disposition		23. Signature of final disposition		24. Signature of final disposition		25. Signature of final disposition	
26. Signature of final disposition		27. Signature of final disposition		28. Signature of final disposition		29. Signature of final disposition		30. Signature of final disposition	
31. Signature of final disposition		32. Signature of final disposition		33. Signature of final disposition		34. Signature of final disposition		35. Signature of final disposition	
36. Signature of final disposition		37. Signature of final disposition		38. Signature of final disposition		39. Signature of final disposition		40. Signature of final disposition	
41. Signature of final disposition		42. Signature of final disposition		43. Signature of final disposition		44. Signature of final disposition		45. Signature of final disposition	
46. Signature of final disposition		47. Signature of final disposition		48. Signature of final disposition		49. Signature of final disposition		50. Signature of final disposition	
51. Signature of final disposition		52. Signature of final disposition		53. Signature of final disposition		54. Signature of final disposition		55. Signature of final disposition	
56. Signature of final disposition		57. Signature of final disposition		58. Signature of final disposition		59. Signature of final disposition		60. Signature of final disposition	
61. Signature of final disposition		62. Signature of final disposition		63. Signature of final disposition		64. Signature of final disposition		65. Signature of final disposition	
66. Signature of final disposition		67. Signature of final disposition		68. Signature of final disposition		69. Signature of final disposition		70. Signature of final disposition	
71. Signature of final disposition		72. Signature of final disposition		73. Signature of final disposition		74. Signature of final disposition		75. Signature of final disposition	
76. Signature of final disposition		77. Signature of final disposition		78. Signature of final disposition		79. Signature of final disposition		80. Signature of final disposition	
81. Signature of final disposition		82. Signature of final disposition		83. Signature of final disposition		84. Signature of final disposition		85. Signature of final disposition	
86. Signature of final disposition		87. Signature of final disposition		88. Signature of final disposition		89. Signature of final disposition		90. Signature of final disposition	
91. Signature of final disposition		92. Signature of final disposition		93. Signature of final disposition		94. Signature of final disposition		95. Signature of final disposition	
96. Signature of final disposition		97. Signature of final disposition		98. Signature of final disposition		99. Signature of final disposition		100. Signature of final disposition	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10022
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Esther SCALTON

2. DATE OF DEATH
October 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
Pinecrest Sanatorium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MARYLAND* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 8-05

C. Length of stay in Baltimore *23* Yrs. ~~Mon.~~ Days

D. STREET ADDRESS (If rural, give location)
2014 N. WASHINGTON STREET

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH
October 27, 1879

9. AGE (In years last birthday)
73 -

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (State or foreign country)
TURKEY

12. CITIZEN OF WHAT COUNTRY?
DISPLACED PERSON

13. FATHER'S NAME

William Vicos

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
HARRY H. SCALTON, 4114 Elderon Ave.

18. *443X* DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *Cerebral Hemorrhage with LEFT Hemiplegia*
(B) *Hypertensive Cardiovascular unknown Disease*
(C)

17 DAYS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

TERMINAL Bronchopneumonia, Bilateral

48 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *August 21, 1952*, to *October 30, 1952*, that I last saw the deceased alive on *October 29, 1952*, and that death occurred at *11:25 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

23B. ADDRESS

5600 Old Frederick Road

23C. DATE SIGNED

10/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

11-3-52

24C. NAME OF CEMETERY OR CREMATORY

Green Cemetery

24D. LOCATION (City, town, or county) (State)

Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Hambros funeral Home Inc.

ADDRESS

4400 E. North Ave

VS 150

MEDICAL CERTIFICATION

623
52 10023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10023
Registered No.

1. NAME OF DECEASED (Type or Print) Mr. Joseph Furst		2. DATE OF DEATH 11-2-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 81 years		D. STREET ADDRESS (If rural, give location) 3518 Ellerslie Ave, Baltimore 18, Md.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-12-71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10B. KIND OF BUSINESS OR INDUSTRY Printing	
13. FATHER'S NAME Joseph M. Furst		14. MOTHER'S MAIDEN NAME Sophia Hemling	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-16-5334	
17. INFORMANT Mrs. Clara E. Furst		ADDRESS Balto, 18, Md	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 14 hrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Congestive Failure		DUE TO 3 years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Ht Disease		DUE TO 8 hrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/1/52 , 19 52 , to 11/2/52 , 19 52 , that I last saw the deceased alive on 11/2/52 , 19 52 , and that death occurred at 10:04 m., from the causes and on the date stated above.			
23A. SIGNATURE John E Carroll Jr		23B. ADDRESS Bon Secours	
23C. DATE SIGNED 11/2/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE Nov 5 1952	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR W. Jenkins		ADDRESS Sms to 4905 York Rd	

9520010016

11-2-52

✓

Reimbursement

Reimbursement

11-2-52

11-2-52

11-2-52

Reimbursement

Reimbursement

11-2-52

11-2-52

11-2-52

11-2-52

650
52 10024BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10024

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SELMON BROWN

2. DATE
OF
DEATH

10/31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-03

D. STREET ADDRESS (If rural, give location)

719 Mount Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR
INDUSTRY

Rest.

11. BIRTHPLACE (State or foreign country)

Parole, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Titus Brown

14. MOTHER'S MAIDEN NAME

Maria Emis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank Peters Parole, Maryland

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Peters. ex. heart disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypoglycemia, Metastatic, Polydipsia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 10/31/52, 1952, to 10/31/52, 1952, that I last saw the
deceased alive on 10/31, 1952 and that death occurred at 8:58 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. W. Deister

M. D.

University Hospital

11/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 4, 1952

Fawlers Chapel Cemetery

Best Gate, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952

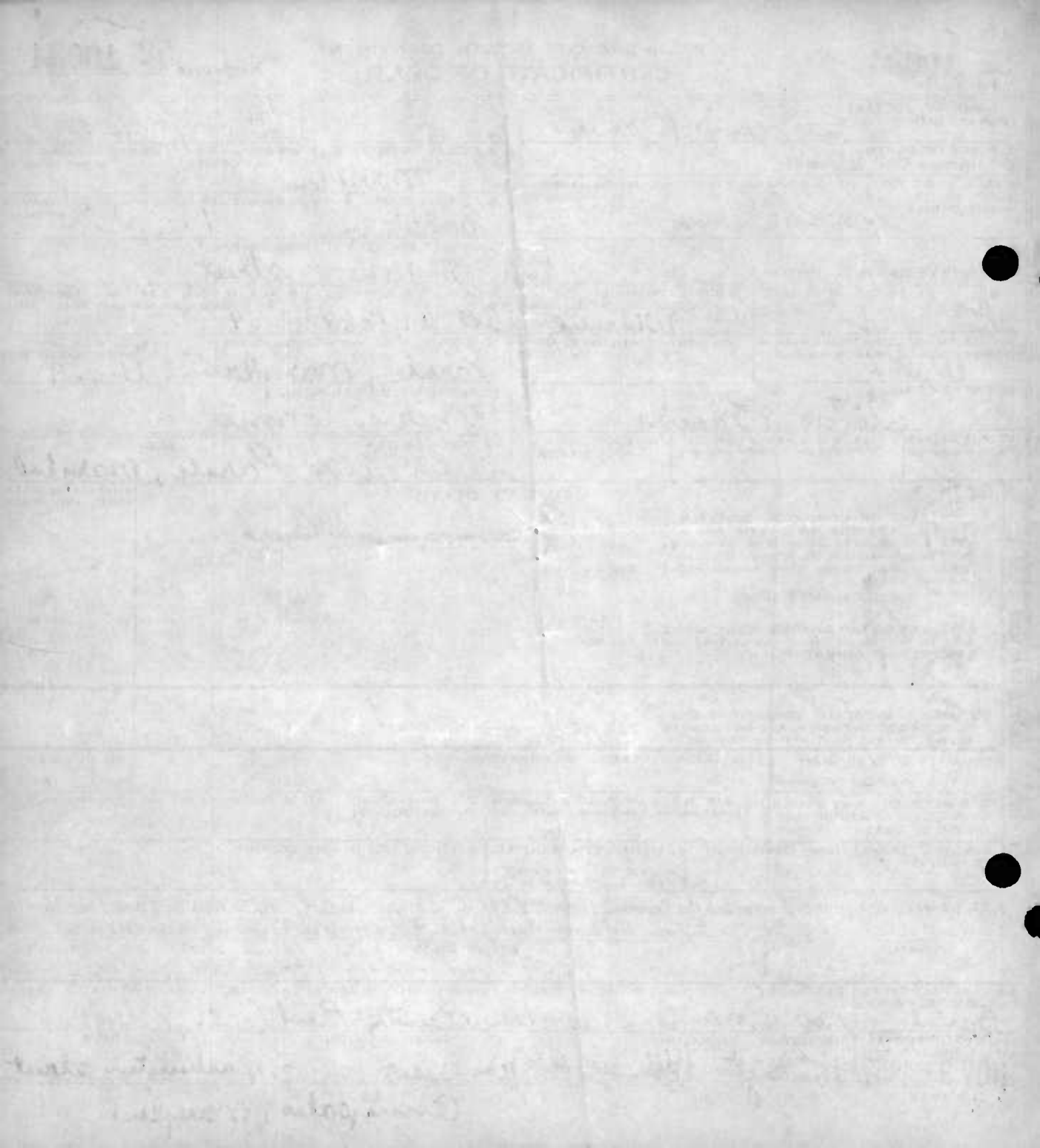
Huntington Williams, M.D.

Wm Reese #108 102 Washington Street

VS 150

784 64 Annapolis, Maryland

MEDICAL CERTIFICATION



252
52 10025
BIRTH NO. 51-7757BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10025
Registered No.

1. NAME OF DECEASED (Type or Print) Barbara Washington			2. DATE OF DEATH NOV 2 - 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 121 Welcome Alley		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 8-5-51 (1951)		
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mm			9. AGE (in years last birthday) 1		
10B. KIND OF BUSINESS OR INDUSTRY mm			11. BIRTHPLACE (State or foreign country) Balto		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Joseph Washington		
14. MOTHER'S MAIDEN NAME Eleanor Saunders			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. **010X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Tuberculous meningitis.****6 wks.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Miliary tuberculosis.**

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **10-6-1952** to **11-2-1952** that I last saw the deceased alive on **11-2-1952**, and that death occurred at **2:05 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952

Huntington

James H. Hager, 638 N. 9th St.

HEALTH DEPARTMENT CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED <i>John Doe</i></p>		<p>2. SEX <i>Male</i></p>		<p>3. AGE <i>45</i></p>	
<p>4. DATE OF BIRTH <i>Jan 15 1900</i></p>		<p>5. PLACE OF BIRTH <i>New York City</i></p>		<p>6. OCCUPATION <i>Teacher</i></p>	
<p>7. DATE OF DEATH <i>Jan 20 1945</i></p>		<p>8. PLACE OF DEATH <i>Home</i></p>		<p>9. TIME OF DEATH <i>10:30 AM</i></p>	
<p>10. CAUSE OF DEATH <i>Myocardial Infarction</i></p>		<p>11. MANNER OF DEATH <i>Natural</i></p>		<p>12. SIGNATURE OF PHYSICIAN <i>Dr. J. Smith</i></p>	
<p>13. SIGNATURE OF REGISTRAR <i>W. Brown</i></p>		<p>14. SIGNATURE OF WITNESSES <i>Mr. & Mrs. Doe</i></p>		<p>15. SIGNATURE OF DECEASED <i>John Doe</i></p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10026**

BIRTH NO. **50**

1. NAME OF DECEASED
(Type or Print)

CHARLES MASON

2. DATE
OF
DEATH

October 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN

Baltimore

O. STREET ADDRESS (If rural, give location)

1418 Madison Avenue

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

6-2-1899

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary tuberculosis**

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 31, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-4-52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat. Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

M. R. Law

ADDRESS

802 Madison Ave.

652
52 10027BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10027
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALVATORE Cerniglia

2. DATE
OF DEATH NOV 1 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside incorporated limits, write RURAL and give township)

Baltimore, 28-04

D. STREET ADDRESS (If rural, give location)

4219 Old Frederick Road.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7-29-98

9. AGE (In years last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Builder

10B. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME,

Rosario Cerniglia

14. MOTHER'S MAIDEN NAME

Francesca Miceli

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 581.0 I 7 over

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Hepatic Coma
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cause unknown
DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18-1952 to 11-1-1952 that I last saw the deceased alive on 11-1-1952, and that death occurred at 4:08 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

V. Salas de Aguilar M.D.

JOHNS HOPKINS HOSPITAL

11/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. Burial

11/5/52

New Cathedral

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952

Huntington Williams, M.D.

Wm. J. Tiekner & Sons

Baltimore 17, Md

CERTIFICATE OF DEATH

This is to certify that the
 cause of death
 appears to be
 to the cause and
 we are unwilling of
 you would you a
 possible type of
 so that we may
 to return these
 cause in house

In reply

4/1/53

W

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10028
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM RANDALL WILSON

2. DATE
OF
DEATH Nov. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 225 E. University ParkwayYrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-02D. STREET ADDRESS (If rural, give location)
225 E. University Parkway

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 3, 1923

9. AGE (In years
last birthday)

29

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Dentist10B. KIND OF BUSINESS OR
INDUSTRY
Dental surgeon11. BIRTHPLACE (State or foreign country)
Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

James Roland Wilson

14. MOTHER'S MAIDEN NAME
Hilda Heineman15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
Nov. 1944 to Nov. 194516. SOCIAL
SECURITY NO.
212-20-051917. INFORMANT ADDRESS
(Mrs.) Carol Wilson-225 E. University

18. E 894 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Nitrous oxide poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
office in home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
225 E. University Parkway21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
11-1-52 6:45 A. m.21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR? Overdose of gas
during self administered anesthesia22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Nov. 1, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/3/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952

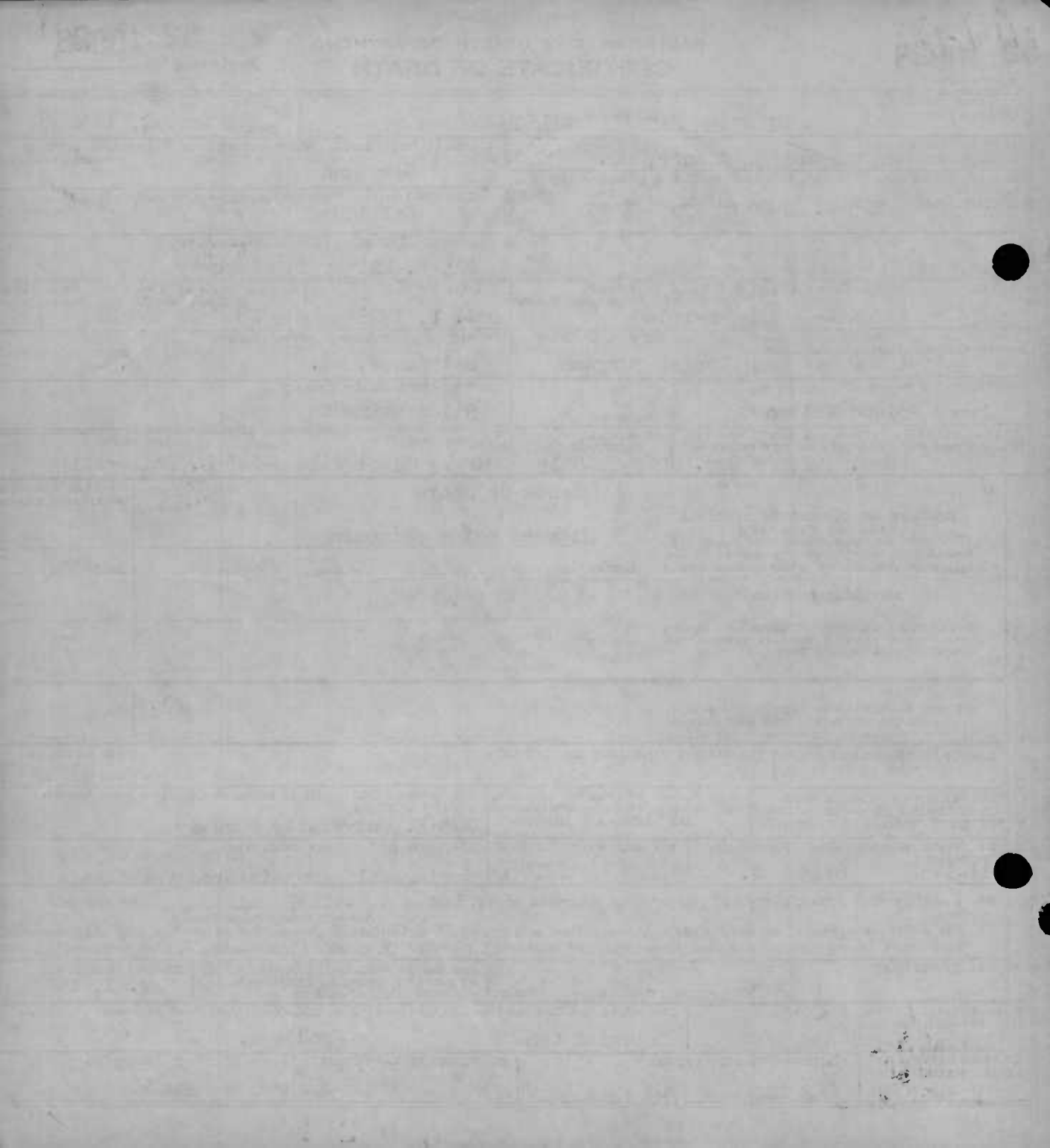
Huntington, W. Va.

Hm. J. Tackner & Son, Inc. Balto. Md.

VS 151

N-969.0

F 932850 021



300
52 10029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10029
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA HEATH

2. DATE
OF
DEATH

Oct. 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

24 N. Pearl St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

24 N. Pearl St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 5, 1889

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jim Franklin

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William Heath - 508 W. Fayette St.

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Oct 31, 1952, that I last saw the deceased alive on Oct 31, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

651 N. Beutalon

23C. DATE SIGNED

11-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/3/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952

Huntington Williams, M.D. - J. Vickers & Sons

VS 150

Balto 17 Md.

0075 53

OFFICE OF DEATH

0075 53

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252
52 10030Deschenes
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10030
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEO EIHMAN DESCHENES		2. DATE OF DEATH 2 Nov 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY 25	
5. FULL NAME OF HOSPITAL OR INSTITUTION 5033 Fredenck Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 18 yrs.		D. STREET ADDRESS (If rural, give location) 5033 Fredenck Ave.	
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 3, 1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sprayer		10B. KIND OF BUSINESS OR INDUSTRY Paint	9. AGE (In years last birthday) 48
11. BIRTHPLACE (State or foreign country) Massachusetts		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Arthur Deschenes		14. MOTHER'S MAIDEN NAME unknown to informant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. unknown to informant	
17. INFORMANT Wife - Gloria Deschenes		ADDRESS 5033 Fred Ave	

18. **420.1** **015-03-1025** **CAUSE OF DEATH**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Coronary Occlusion**
DUE TOINTERVAL BETWEEN ONSET AND DEATH
3 hours

ANTECEDENT CAUSES

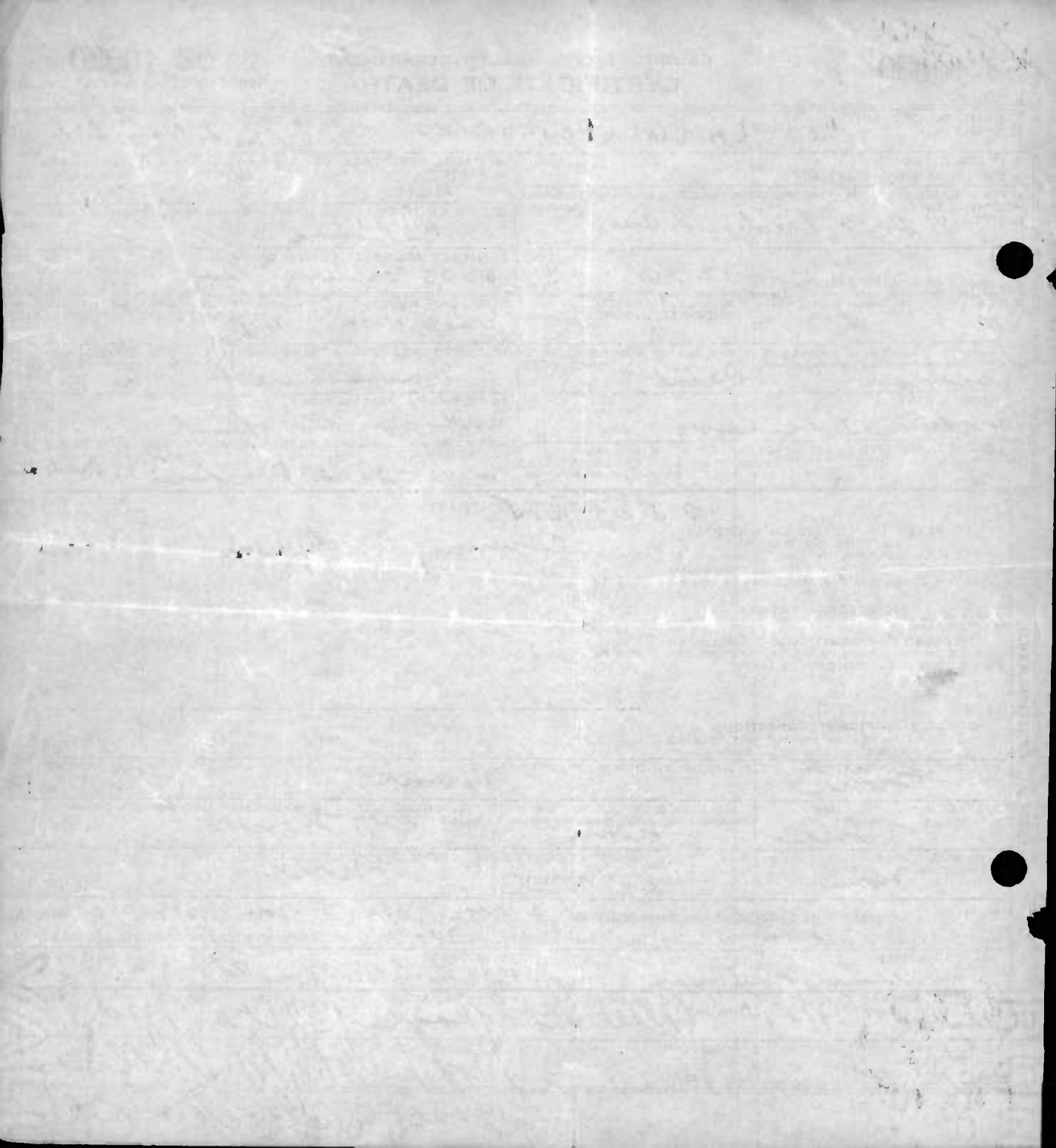
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO(C)
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from **2 Nov**, 19**52** to **2 Nov**, 19**52**; that I last saw the deceased alive on **2 Nov**, 19**52** and that death occurred at **7:20 P.m.**, from the causes and on the date stated above.23A. SIGNATURE
William Goodman23B. ADDRESS
1334 Sulphur Spring Rd23C. DATE SIGNED
2 Nov 5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
11/5/5224C. NAME OF CEMETERY OR CREMATORY
New Cathedral24D. LOCATION (City, town or county) (State)
Balto MDDATE RECEIVED BY LOCAL REGISTRAR
NOV 3 - 1952REGISTRAR'S SIGNATURE
Wilmington Williams, M.D.25. FUNERAL DIRECTOR
Walt & B. M. WaltersADDRESS
56424 Pratt & Stucker



220
52 10031BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10031

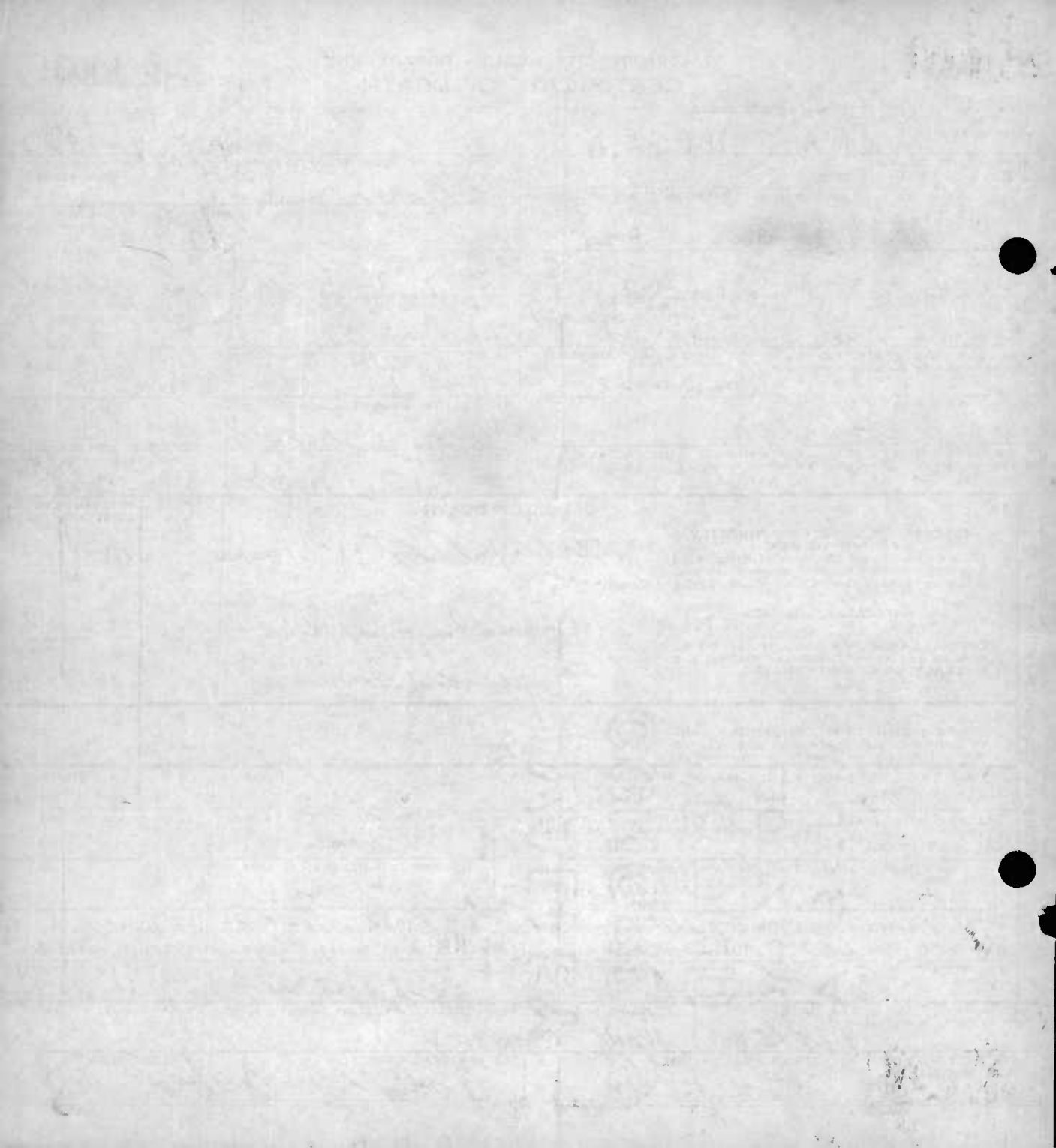
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA NOSEK			2. DATE OF DEATH Nov. 1 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1634 Gleaneagle Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 52 Year			D. STREET ADDRESS (If rural, give location) 807 S. Robinson Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25 1877		9. AGE (in years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Skalski			14. MOTHER'S MAIDEN NAME Mary Koprowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Stanislaus Nosek ADDRESS 1634 Gleaneagle Road		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Arteriosclerosis C.V. System. DUE TO		INTERVAL BETWEEN ONSET AND DEATH 10-2-52
	(B) Chronic Kidney Disease DUE TO		10-2-52
	(C) Systolic Failure DUE TO		10-27-52
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None			

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from 10-2-52 , 19 52 to 11-1-52 , 19 52 that I last saw the deceased alive on 10-31-52 , 19 52 and that death occurred at 11:55 A. M., from the causes and on the date stated above.					
23A. SIGNATURE E. Schumann		23B. ADDRESS 8428 East Ave		23C. DATE SIGNED 11-3-52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/5/52	24C. NAME OF CEMETERY OR CREMATORY HOLY ROSARY	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 3-1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John M. Weber ADDRESS	



452
52 10032BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10032
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PETER DELINSKI		2. DATE OF DEATH Nov. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 110 S. Ann Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02	
c. Length of stay in Baltimore Lips Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 110 S. Ann Street	
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 2 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) motion picture operating		10B. KIND OF BUSINESS OR INDUSTRY De Luxe Theatre	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Anthony Delinski		14. MOTHER'S MAIDEN NAME Katherine Pentec	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-10-8209	
17. INFORMANT Helen Delinski		ADDRESS 110 S. Ann St	

18. **447X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Cerebral Accident**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive Vascular Disease**

DUE TO

About 1 Year

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **October 20, 1952** to **November 11, 1952**, that I last saw the deceased alive on **Nov. 1, 1952**, and that death occurred at **5:10 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

516 Cathedral St.**11/3/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

11/5/52**HOLY ROSARY**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952**Huntington Williams, M.D. John M. Weber**

STATE OF NEW YORK
DEPARTMENT OF HEALTH

OFFICE OF THE COMMISSIONER

REPORT ON THE
MORBIDITY AND MORTALITY
IN THE STATE OF NEW YORK
FOR THE YEAR 1910

ALBANY: J.B. LIPPINCOTT COMPANY
1911

560
32 10033BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10033

1. NAME OF DECEASED
(Type or Print)

EDNA

mildred

BAINER

2. DATE
OF
DEATH November 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Baltimore City Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

6108 Danville Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

—

8. DATE OF BIRTH

Oct. 5 - 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

2/1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Bainer

14. MOTHER'S MAIDEN NAME

Pearl Sachs.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pearl Bainer

6108 Danville Ave.

18. 768.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
11/3/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Oct. 4 - 1952

Mt. Carmel

O'Donnell St. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

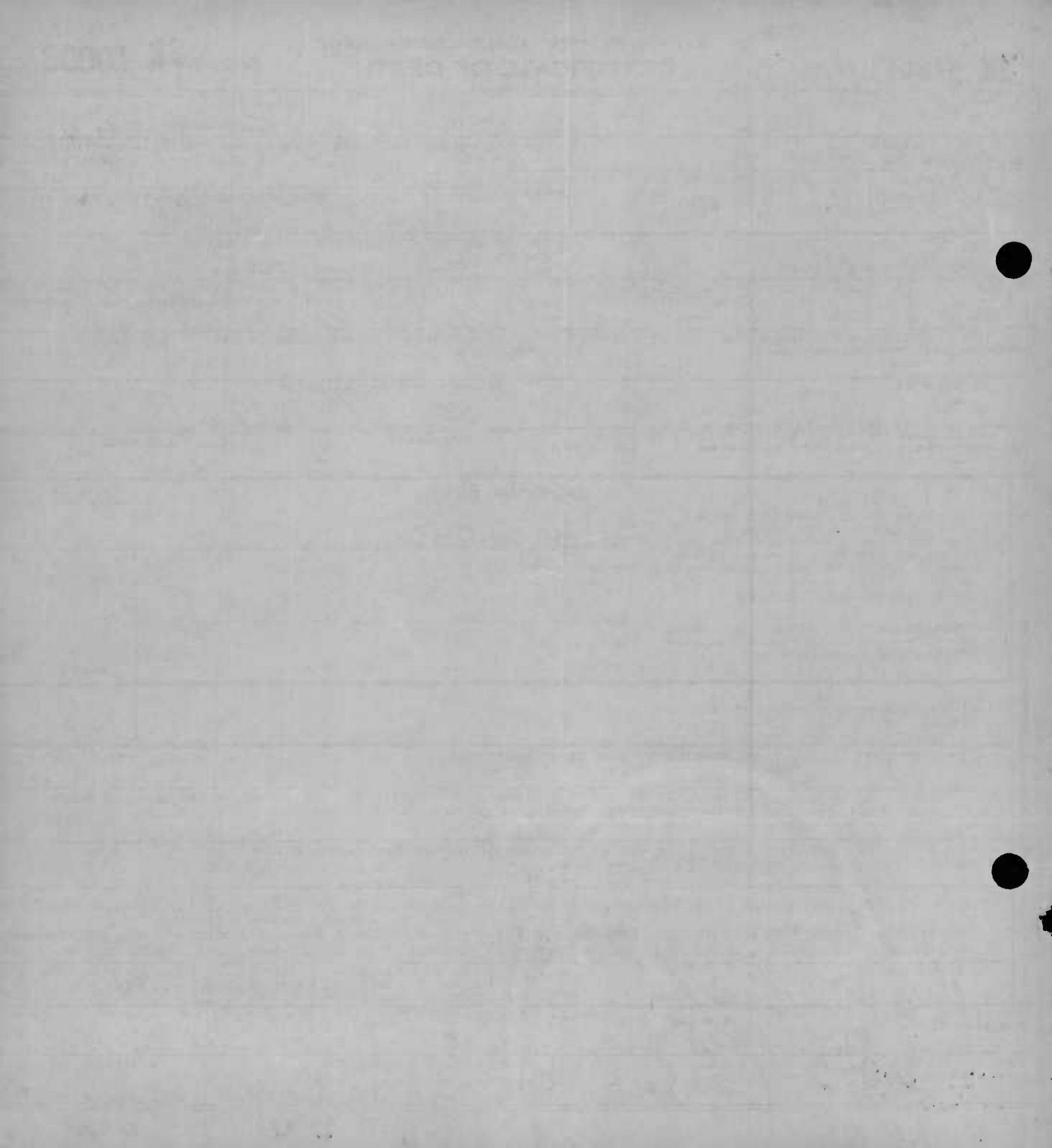
ADDRESS

NOV 3 - 1952

Huntington Williams, M.D.

Calvin B. Connelly -

Essex & V



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10034
Registered No.

234
52 10034
BIRTH NO.

1. NAME OF DECEASED (Type or Print) IRVING WISTLING		2. DATE OF DEATH Oct. 31, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3719 St. Victory Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 29, 1914
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway Dept.		10B. KIND OF BUSINESS OR INDUSTRY Balto. City	9. AGE (In years last birthday) 38 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? ✓	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Anna Weaver	
17. INFORMANT Mrs. Catherine Wistling		ADDRESS Same	

18. **E 894.0 and 322.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Carbon tetrachloride poisoning**

DUE TO -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acute and chronic alcoholism**

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
3719 St. Victory Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Oct. 31, 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Mistook carbon tetrachloride for alcoholic beverage & drank it

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Nov. 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
11/4/52

24C. NAME OF CEMETERY OR CREMATORY
Cedar Hill

24D. LOCATION (City, town, or county) (State)
Anne Arundel Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS
John F. Denny, Inc. 715 Light St.

V S 151 N 963.0

690 910027

MEDICAL CERTIFICATION

1000 50

1000 50



130
52 10035

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10035
Registered No.

1. NAME OF DECEASED (Type or Print) Frederick Abt			2. DATE OF DEATH November 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 825 Light Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 825 Light Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 18, 1886	9. AGE (In years last birthday) 66	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10B. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Agnes M. Abt Same		
18. 241x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Endocarditis (A) DUE TO Bronchial Asthma (B) DUE TO (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Chronic Endocarditis Bronchial Asthma INTERVAL BETWEEN ONSET AND DEATH 2 mos. 1 yr.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYNING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 2 , 1951, to Nov 2 , 1952, that I last saw the deceased alive on Nov 2 , 1952, and that death occurred at 12:11 m., from the causes and on the date stated above.					
23A. SIGNATURE J. B. Williams		23B. ADDRESS 1229 William St.		23C. DATE SIGNED 11/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/5/52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS John F. Denny, Inc. 715 Light St. Balto., 30, Md.	

MEDICAL CERTIFICATION

50044020

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52 10036**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph C. Benda

2. DATE OF DEATH *Oct. 31 '1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

md. General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2712 Ashland Ave.

Length of stay in Baltimore *life*

5. SEX

m.

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 5 '1900

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brush Maker

10B. KIND OF BUSINESS OR INDUSTRY

Dell Brush Co.

11. BIRTHPLACE (State or foreign country)

md. Baltimore

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

Joseph A. Benda

14. MOTHER'S MAIDEN NAME

Mary R. Cihak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Benda Wife, above

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic cardiovascular disease - cardiac decompensation*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Oct. 23, 1952*, to *Oct. 31, 1952*, that I last saw the deceased alive on *Oct. 31, 1952*, and that death occurred at *5 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Eugene L. Lin

M. D.

md. General Hospital

Oct. 31 '52

24A. BURIAL OR CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/4/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952

Huntington Williams, M.D.

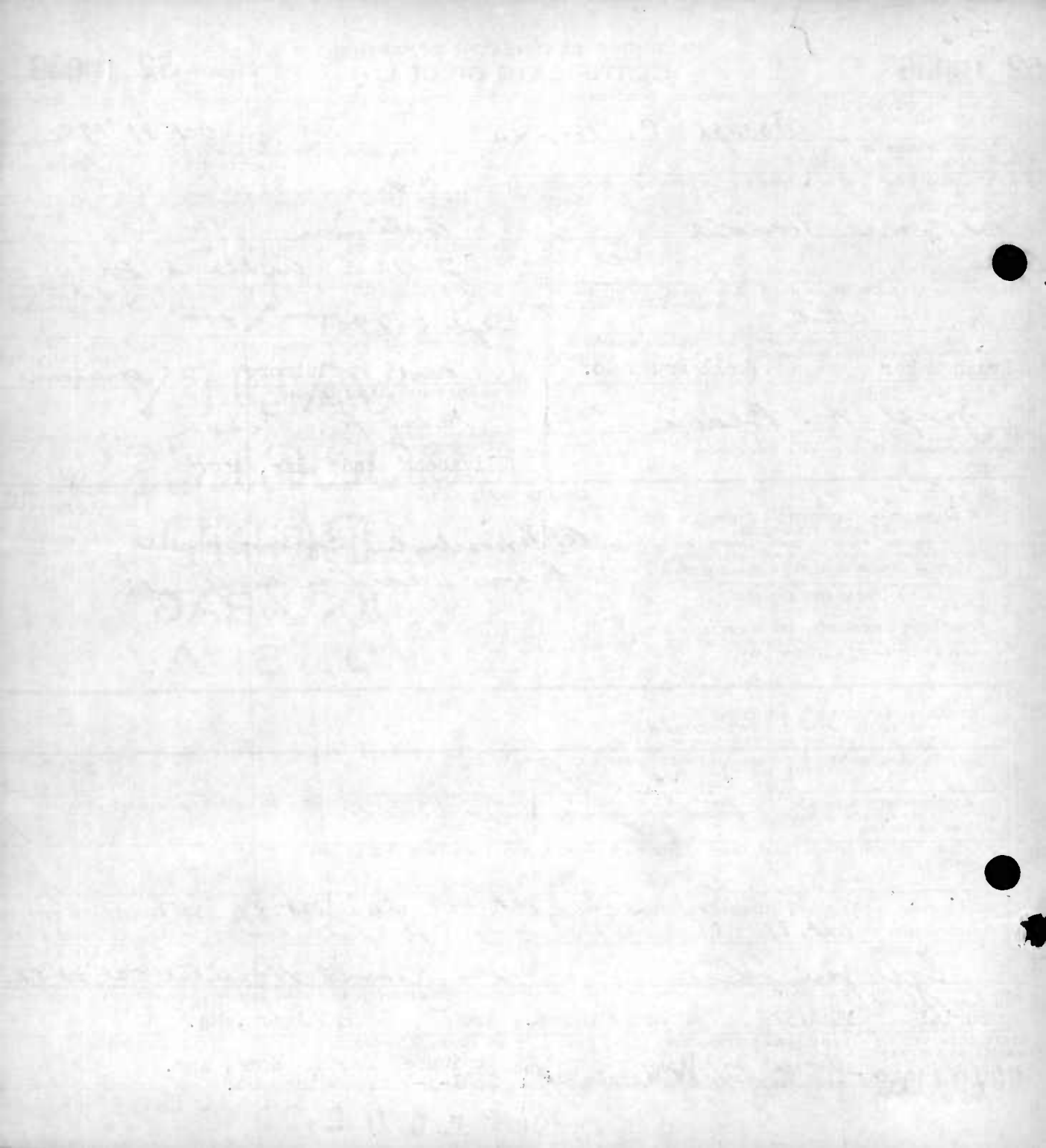
Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

VS 150

95680320029

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10037
Registered No. 52 10037

521
52 10037
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK CINCIBUS JR.

2. DATE
OF
DEATH

11/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

CARROLL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

5600

B. FULL NAME OF (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP.

D. STREET ADDRESS (If rural, give location)

SPRING GROVE STATE HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

Sept. 9, 1897

9. AGE (In years last birthday)

55

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired machinist

10B. KIND OF BUSINESS OR INDUSTRY

Crown Cork & Seal

11. BIRTHPLACE (State or foreign country)

CHECZOSLOVAKIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRANK CINCIBUS

COAK PRODU

14. MOTHER'S MAIDEN NAME

ANTONIE ZICHA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Angela Turek, dght, 3220 Mass. Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE PULMONARY EDEMA

DUE TO

8 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CORONARY THROMBOSIS

DUE TO

8 min

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

LARGE BOWEL OBSTRUCTION

10 DAYS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/1, 1952, to 11/2, 1952; that I last saw the deceased alive on 11/2, 1952, and that death occurred at 1240 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

University Hosp.

11/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/5/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3-1952 Huntington Williams, M.D. Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10038
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Dorthea (Dora) C. Rolfe</i>		2. DATE OF DEATH <i>Sun. Nov. 2, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Prince Georges</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1718 Belt St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore (30)</i>	
c. Length of stay in Baltimore <i>Life -</i>		D. STREET ADDRESS (If rural, give location) <i>1718 Belt St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>January 25, 1900</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>52</i>
13. FATHER'S NAME <i>Theodore J. Becker</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Frank W. Margaret Falk</i>	
17. INFORMANT <i>Frank W. Rolfe (Husband)</i>		ADDRESS <i>Same</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertensive Cardiovascular Disease</i> DUE TO (C) <i>Atherosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4-5 hrs.</i> <i>10 yrs.</i> <i>10 yrs.</i>
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *1948*, 19*52*, to *11/2/52*, 19*52*, that I last saw the deceased alive on *11/2*, 19*52*, and that death occurred at *12:50 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Malcolm John</i>	23B. ADDRESS <i>102 E. Fort Ave</i>	23C. DATE SIGNED <i>11/3/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Usual</i>	24B. DATE <i>Nov. 6, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Crooklyn, G.P. Co., Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 3 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>A. Bowers of Evans</i>	ADDRESS <i>1400 S. Charles St Balto 39 Md</i>
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VS 150

MEDICAL CERTIFICATION

10038

CERTIFICATE OF DEATH

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

PERMANENT RESIDENCE

TEMPORARY RESIDENCE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

DECEASED'S SIGNATURE

WITNESSES

DECEASED'S SIGNATURE

WITNESSES

DECEASED'S SIGNATURE

WITNESSES

DECEASED'S SIGNATURE

WITNESSES

DECEASED'S SIGNATURE

WITNESSES

DECEASED'S SIGNATURE

WITNESSES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10039

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ABBOTT, MAURICE KIRWIN		2. DATE OF DEATH 11/2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes		4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) A. STATE Md. B. COUNTY SEE BELOW	
B. FULL NAME OF (If not in hospital or institution, give street address or location) U.S. PHS. Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - DEALE ISLAND, Md.	
D. STREET ADDRESS (If rural, give location) 6900			

5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6/12/97		9. AGE (In years last birthday) 55		If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) American Seaman				10B. KIND OF BUSINESS OR INDUSTRY Own Grocery Business				11. BIRTHPLACE (State or foreign country) Md.				12. CITIZEN OF WHAT COUNTRY? USA			

13. FATHER'S NAME Edward Abbott				14. MOTHER'S MAIDEN NAME ELNERA LANGRALL			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN				16. SOCIAL SECURITY NO. UNKNOWN			
17. INFORMANT ADDRESS PATIENT'S HOSPITAL RECORD							

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CA of Bladder		CAUSE OF DEATH CA of Bladder		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years	
DUE TO widespread metastases					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 8.8.50		19B. MAJOR FINDINGS OF OPERATION adenocarcinoma of bladder		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/21/52 , 19 52 , to 11/2/52 , that I last saw the deceased alive on 11/2/52 , and that death occurred at 8:10 PM from the causes and on the date stated above.					
23A. SIGNATURE Leroy E. Milk		23B. ADDRESS U.S. PHS Hosp. Balt. Md.		23C. DATE SIGNED 11/2/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 5, 1952		24C. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	
				24D. LOCATION (City, town, or county) (State) Deals Island, Md.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 3-1952		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.	
				ADDRESS 2601-3-5 E. Madison St.	

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10040
Registered No. 52 10040

525
52 10040
BIRTH NO.

1. NAME OF DECEASED (Type or Print) BILLIE JOHNSON (OR) Willie Johnson		2. DATE OF DEATH 11/2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	

c. Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 4609 YORK ROAD
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5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH OCT. 24-1920	9. AGE (In years last birthday) 32	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TENN.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CHARLES JOHNSON			14. MOTHER'S MAIDEN NAME DICIE GREEN			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. 414-03-5435	17. INFORMANT Mr. Charles Johnson - Box 151	ADDRESS RT. 1
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18. 002X		CAUSE OF DEATH LENOIR CITY - TENN		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) ACUTE PULMONARY EDEMA	12 hrs	
DUE TO		(B) POST OPERATIVE HEMORRHAGE	3 days	
DUE TO		(C) BLOOD DYSCRASIA		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 30 OCT. 1952		19B. MAJOR FINDINGS OF OPERATION TUBERCULOUS OF APICAL SEGMENT, RT UPPER LOBE		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **29 Oct**, 1952, to **2 Nov**, 1952, that I last saw the deceased alive on **2 Nov**, 1952, and that death occurred at **9:50 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE John O. Sharratt		23B. ADDRESS University Hosp.		23C. DATE SIGNED 2 Nov 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-7-52	24C. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	24D. LOCATION (City, town, or county) (State) LENOIR - TENN	
DATE RECEIVED BY LOCAL REGISTRAR NOV 3-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS J. Ruck 5305 Harford

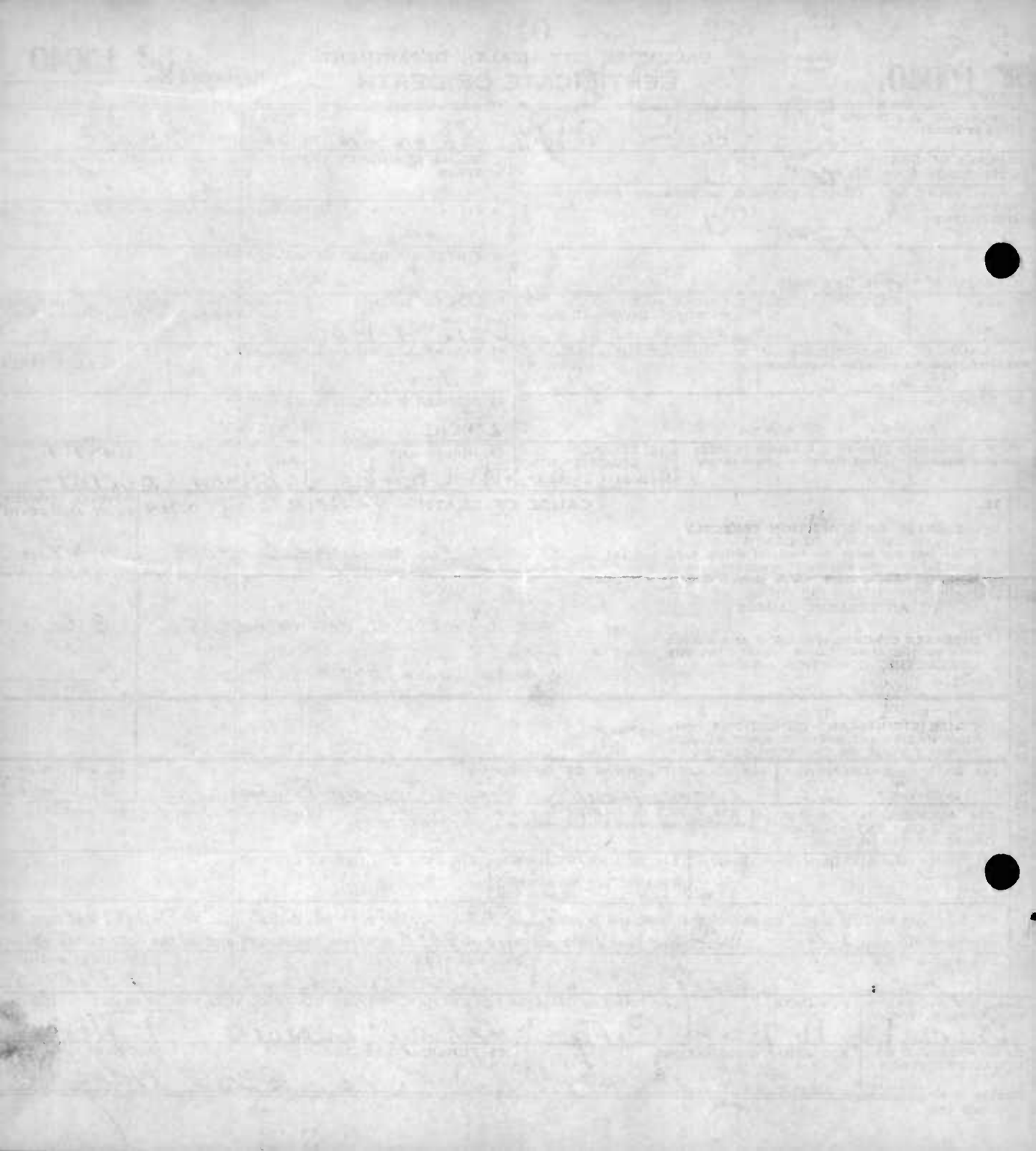
MEDICAL CERTIFICATION

0001

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

0001



416
52 10041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10041

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Alphues J. Kohlbauer		Nov. 1-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)	
		A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
2924 ARLINGTON Ave.		BALTIMORE	
D. STREET ADDRESS (If rural, give location)		2924 ARLINGTON Ave.	
c. Length of stay in Baltimore		Yrs. Mos. Days	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	MARRIED	May 3-1894
9. AGE (In years last birthday)	10. UNDER 1 Year Months Days	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
58		BALTIMORE Md.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
Retired Motorman - B.T.C.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Kohlbauer		?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		213-10-2822	
17. INFORMANT		ADDRESS	
MRS. LAURA KOHLBAUER		SAME	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
151X		Generalized carcinoma of stomach	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		4 MO. 9 MO.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Feb. 1954 to Oct. 31, 1952, that I last saw the deceased alive on Oct. 31, 1952, and that death occurred at 4 A. M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
D. A. Galt		8100 Harford Rd.	
23C. DATE SIGNED		11/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		11/4/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Holy Redeemer		BALTO Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
NOV 3 - 1952		Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS	
J. Ruck		5305 HARFORD	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10042**

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Henrietta H. LOETZ.			2. DATE OF DEATH 11-2-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			19-04		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1633 Frederick Ave					
5. SEX F	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH OCT. 25, 1906			9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) md., BALTIMORE		
13. FATHER'S NAME MICHAEL HAUKE			14. MOTHER'S MAIDEN NAME HANNAH M. ATKINSON			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT Patient		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		cirrhosis of liver		1 year?	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		diabetes melitus			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-1 , 19 52 , to 11-2 , 19 52 , that I last saw the deceased alive on 11-2 , 19 52 , and that death occurred at 5:00 Am., from the causes and on the date stated above.					
23A. SIGNATURE W. L. Heimer		23B. ADDRESS University Hosp.		23C. DATE SIGNED 11-2-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV. 5, 1952		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM.	
24D. LOCATION (City, town, or county) BALTIMORE		24E. LOCATION (City, town, or county) 3801 FREDERICK AVE		24F. LOCATION (City, town, or county) ST.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles S. Zeller		25. FUNERAL DIRECTOR 901 S. CONKLIN ST.	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10043**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Loretta Cecelia Barrett

2. DATE
OF
DEATH

Nov. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **Union Memorial Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2912 Wyman Parkway

C. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

April 17, 1896

9. AGE (In years last birthday)

56

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Mc Neill

14. MOTHER'S MAIDEN NAME

Mary A. Hagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edward C. Barrett 2912 Wyman Parkway

18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Crushed Heart
Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 hour
10 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 1, 1952** to **Nov 1, 1952** that I last saw the deceased alive on **Nov 1, 1952** and that death occurred at **5 PM** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/4/52

Cathedral Cemetery

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 3 - 1952

Huntington, Md.

H. H. Ullman & Son 805 N. Calvert St.

MEDICAL CERTIFICATION

600
52 10044
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10044

1. NAME OF DECEASED (Type or Print) WALTER B. SEHER		2. DATE OF DEATH November 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 6 Yrs. 6 Mos. 6 Days		D. STREET ADDRESS (If rural, give location) 333 S. Stricker Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 2, 1926
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10B. KIND OF BUSINESS OR INDUSTRY Printer	9. AGE (in years last birthday) 26
13. FATHER'S NAME Philip Seher		11. BIRTHPLACE (State or foreign country) Camden, New Jersey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 138-22-3569		14. MOTHER'S MAIDEN NAME Lillian Pfleiderer	
17. INFORMANT Mrs. Vaneant		ADDRESS 3027 5th St. Phila. Pa.	

18. E 422.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Crushed Chest DOES TO		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (B) Massive Hemothorax DOES TO (C) Rupture of liver with Hemoperitoneum (D) Subdural Hemorrhage		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3800 block Washington Expressway		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/2/52 11:20 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? driver of auto that overturned		5200

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Board		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 11/3/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Nov. 6/52	24C. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.	24D. LOCATION (City, town, or county) (State) Phila. Penna	
DATE RECEIVED BY LOCAL REGISTRAR NOV 3 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Philip Herung Sons		ADDRESS 2027 Orleans St.

V-5 151
N 862.2
51244 0039

Page 1

STATE OF TEXAS

Page 2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10045

560
52 10045
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALICE Maud HENRY			2. DATE OF DEATH November 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 209 Lorraine Avenue (West)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8, 1894	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator Novelty			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY Manufacturing			12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME Adolph Siemon			14. MOTHER'S MAIDEN NAME Alice Maud Armiger		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT Maurice P. Henry		
			ADDRESS 209 W. Lorraine Ave.		

18. 331X and E900.5 CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Intracerebral Hemorrhage
XXXXX
(B) Skull Fracture
C
(C) Subdural Hemorrhage
XXXXX
(D) Contusion of Brain
X

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

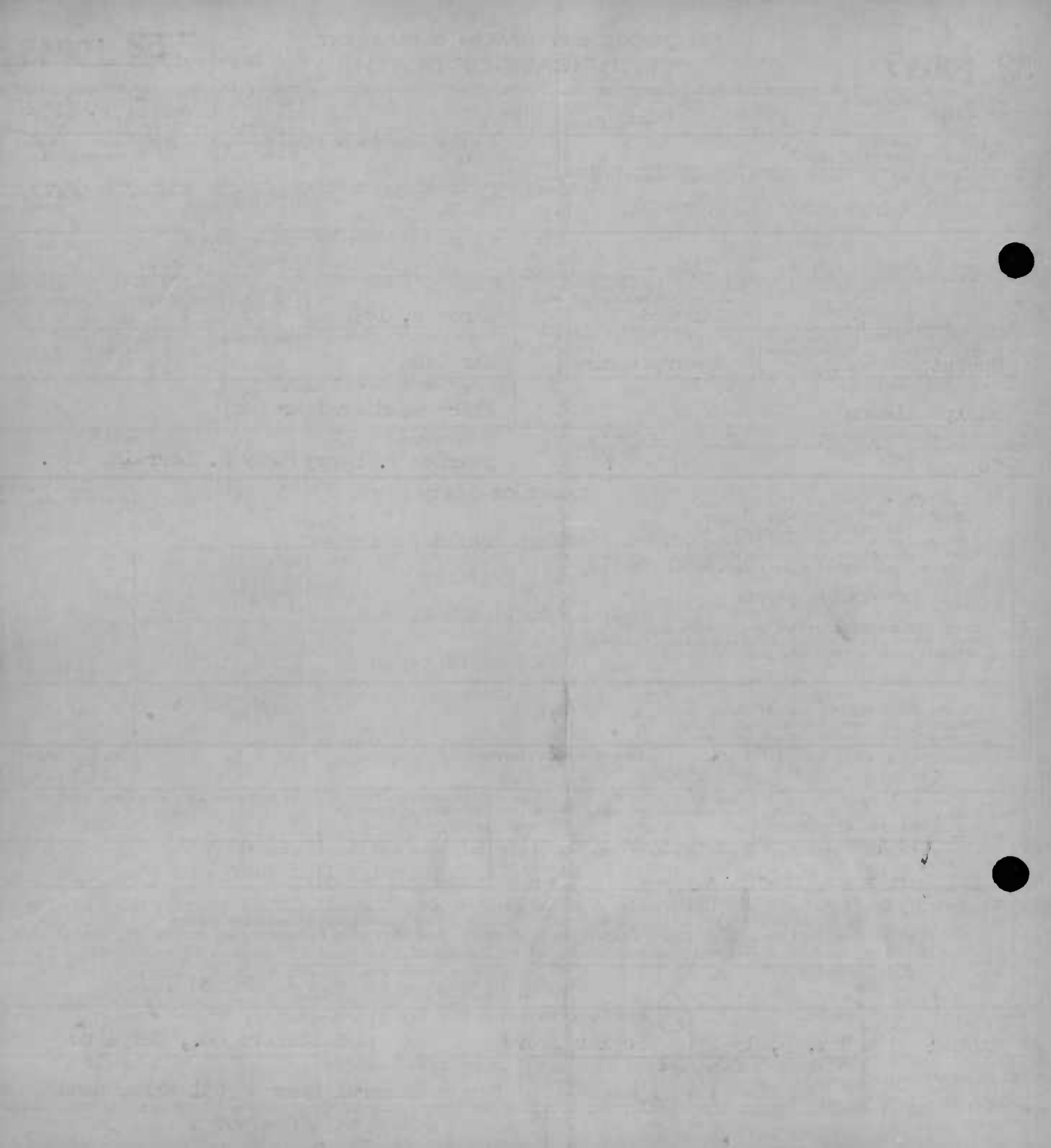
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4900 block York Road 27/11	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/2/52 10:20 A. m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? apparently fell down steps	

22. I certify that I took charge of the remains described above, held an _____ thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Brown		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 11/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 5, 1952		24C. NAME OF CEMETERY OR CREMATORY Poplar Grove	
				24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland	

DATE RECEIVED BY LOCAL REGISTRAR NOV 3 - 1952		REGISTRAR'S SIGNATURE Tunington Williams, M.D.		25. FUNERAL DIRECTOR Burgee Funeral Home	
				ADDRESS 3631 Falls Road	

VS 151
N 803.2
11/5 69032
Maurice P. Burgee



K-300
52 10046BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10046
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Ethel Kidd</i>			2. DATE OF DEATH <i>November 3, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>W. Va.</i> B. COUNTY <i>V-45</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Charleston</i>		
C. Length of stay in Baltimore <i>29</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1513 Lexington Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-27-89</i>		9. AGE (In years last birthday) <i>62</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Kanawha County</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Allen Haynes</i>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Anterior clerotic Cardiovascular Disease</i> DUE TO (B) <i>Ventricular fibrillation</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>10+ years</i> <i>0</i>
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Post-op (2 wks) resection esophageal stricture 2 wks</i>		
19A. DATE OF OPERATION <i>10-22-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Stricture lower 1/3 esophagus</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-6*, 19*52*, to *11-3*, 19*52*, that I last saw the deceased alive on *11-3*, 19*52*, and that death occurred at *3:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Julian K. Quattaban* M. D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>11-6-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Kidd Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>POSSONVILLE W. VA.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR'S ADDRESS <i>SANDER & SONS INC. BALTIMORE MD</i>

520210 George D. Lanaker

10000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

10000

1. Name of Deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of Birth: *Jan 15, 1900*
5. Place of Birth: *New York City*
6. Usual Residence: *123 Main St, Baltimore, Md*
7. Date of Death: *Dec 10, 1945*
8. Time of Death: *10:30 AM*
9. Cause of Death: *Heart Disease*
10. Place of Death: *Home*
11. Signature of Physician: *[Signature]*
12. Signature of Registrar: *[Signature]*

13. Cause of Death (Detailed): *Coronary Artery Disease*
14. Date of Death: *Dec 10, 1945*
15. Time of Death: *10:30 AM*
16. Signature of Physician: *[Signature]*
17. Signature of Registrar: *[Signature]*

18. Date of Death: *Dec 10, 1945*
19. Time of Death: *10:30 AM*
20. Signature of Physician: *[Signature]*
21. Signature of Registrar: *[Signature]*
22. Date of Death: *Dec 10, 1945*
23. Time of Death: *10:30 AM*
24. Signature of Physician: *[Signature]*
25. Signature of Registrar: *[Signature]*

530
52 10047BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10047

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Smith, William H</i>		2. DATE OF DEATH <i>11-3-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Doctors Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-02</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>947 Webb Court</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Dec. 15, 1888</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Fun Club</i>	9. AGE (In years last birthday) <i>63</i> If Under: 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wm. N. Smith Jr.</i>		ADDRESS <i>952 Homestead Rd</i>	

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Coronary occlusion*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis of the heart disease*

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? _____

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY _____

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *10/18*, 19*52*, to *11-3*, 19*52* that I last saw the deceased alive on *11-3*, 19*52*, and that death occurred at *6:15* p.m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
*Burial*24B. DATE
*11/6/52*24C. NAME OF CEMETERY OR CREMATORY
*Holy Redeemer*24D. LOCATION (City, town, or county) (State)
*Baltimore, Maryland*DATE RECEIVED BY LOCAL REGISTRAR
*NOV 4 - 1952*REGISTRAR'S SIGNATURE
*Huntington Williams, M.D.*25. FUNERAL DIRECTOR
*Wm. Cook, Inc.*ADDRESS
1217 St. Paul St

CERTIFICATE OF DEATH

U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

Form 100-101

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH		6. DATE OF DEATH		7. PLACE OF DEATH		8. CAUSE OF DEATH		9. MANNER OF DEATH		10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESSES		13. SIGNATURE OF FUNERAL HOME		14. SIGNATURE OF CLERGY		15. SIGNATURE OF OTHER	
						</																							

525

52 10048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10048

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Benson, Lena</i>		2. DATE OF DEATH <i>Nov. 1, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Pr. Anne.</i> #13	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Doctors Hospital</i> <i>2724 N. Chas. St. #18</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>8-04</i>	
c. Length of stay in Baltimore <i>life 75</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Maryland</i> #13	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 30, 1872</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>80</i>
13. FATHER'S NAME <i>Michael Smith</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary</i>	
17. INFORMANT <i>Chas. E. Benson</i>		ADDRESS <i>411 Hopkins Rd.</i>	
18. <i>420.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) <i>Coronary insufficiency</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>	
DUE TO		(B) <i>Arteriosclerotic heart disease</i>	
DUE TO		(C)	
19. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/15/50</i> , to <i>11/1/52</i> , that I last saw the deceased alive on <i>10/30/52</i> , and that death occurred at <i>11:45 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Dr. J. J. J. J.</i>		23B. ADDRESS <i>1737 E. North Ave</i>	
23C. DATE SIGNED <i>11/1/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/4/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Balto</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Cor. Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>	

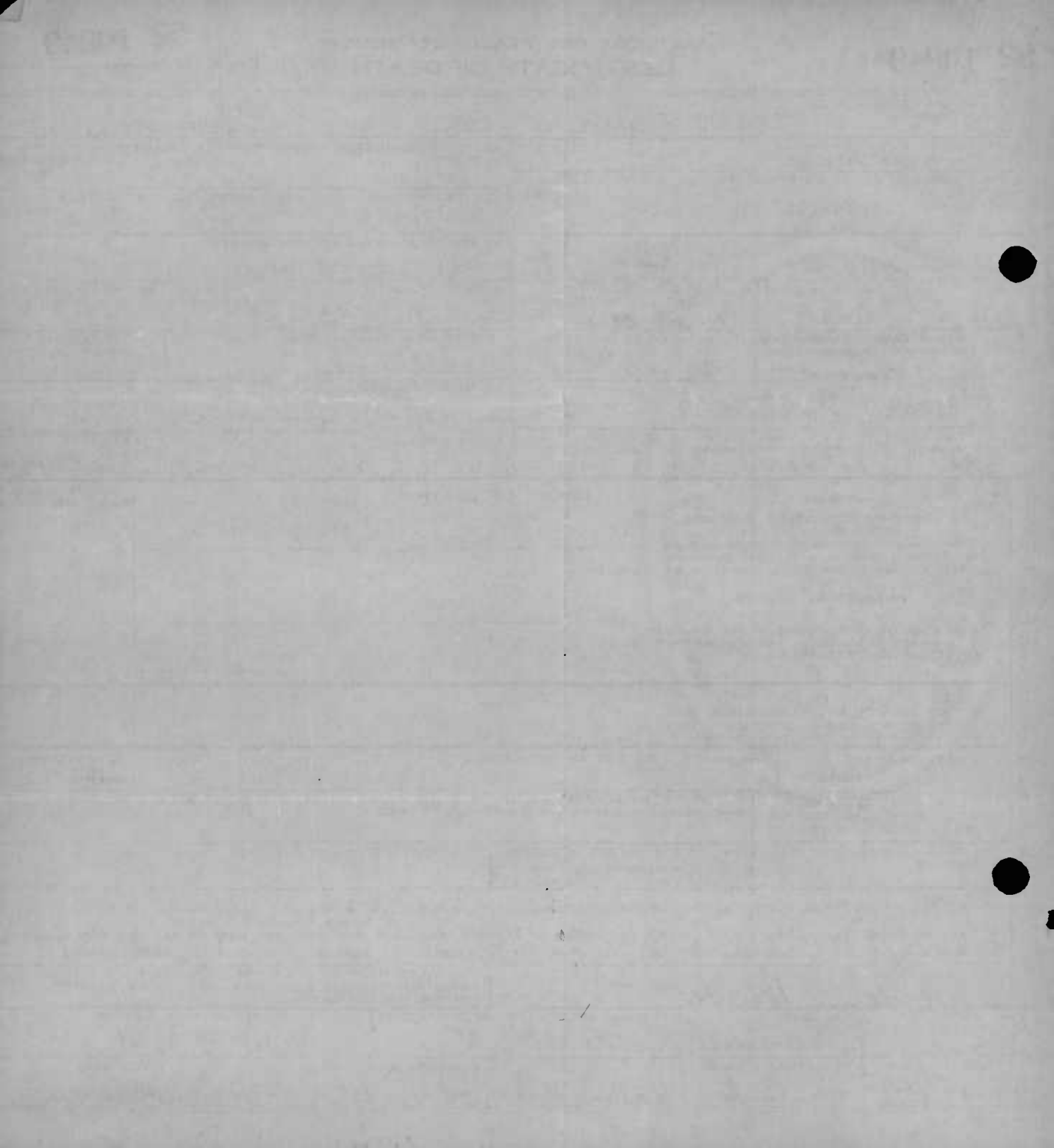
MEDICAL CERTIFICATION

52 10048

52 10049
Registered No. _____

BIRTH NO

1. NAME OF DECEASED (Type or Print)		CLARENCE <i>Leander</i>		AMMER		2. DATE OF DEATH November 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-02			
5. LENGTH OF STAY IN BALTIMORE Life				D. STREET ADDRESS (If rural, give location) 601 Cathedral Street			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Aug 30. 1895	
9. AGE (In years last birthday) 57		10. UNDER 1 YEAR Months: Days:		11. UNDER 24 HOURS Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist				10B. KIND OF BUSINESS OR INDUSTRY Machine Shop			
13. FATHER'S NAME Henry Ammer				14. MOTHER'S MAIDEN NAME Annie M. Schleigh			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes				16. SOCIAL SECURITY NO. 312-18-4587			
17. INFORMANT Daniel L. Ammer				ADDRESS 603 Allendale St			
18. CAUSE OF DEATH 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Lobar Pneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				21D. HOW DID INJURY OCCUR?			
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY				21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William H. Wood				23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....			
23C. DATE SIGNED 11/3/52							
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial				24B. DATE Nov 5. 1952			
24C. NAME OF CEMETERY OR CREMATORY Landon Park				24D. LOCATION (City, town, or county) (State) Baltimore Md			
DATE RECEIVED BY LOCAL REGISTRAR NOV 4 - 1952				REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
25. FUNERAL DIRECTOR 5311 Edmondson Ave				ADDRESS			



240
52 10050BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10050

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lucy SHEGAR		2. DATE OF DEATH 11-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3810 Boorman Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 15-10			
Length of stay in Baltimore 14 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3810 Boorman Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH	9. AGE (In years last birthday) 52	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York City	
13. FATHER'S NAME Samuel Leertt		14. MOTHER'S MAIDEN NAME Mummy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Irving Hegal - same	
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Carcinoma of breast DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma of breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-22, 1952, to 11-3, 1952, that I last saw the deceased alive on Nov 1, 1952, and that death occurred at 8 A m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. J. J. Hunter		23B. ADDRESS 3003 Garrison Blvd		23C. DATE SIGNED 11-3-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/4/52		24C. NAME OF CEMETERY OR CREMATORY Herring Run	
24D. LOCATION (City, town, or county) Balto		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 4 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS Jack Lewis Inc - 2100 Eutan P.			

Santer
3003 Garrison
Blvd

250

52 10051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10051
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

YETTA ZUSKIN

2. DATE
OF
DEATH

11-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

5702 Key Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-19

length of stay in Baltimore

48

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5702 Key Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Uremia

Regenerative Cardio-vascular
Renal disease
with arteriosclerosis and
hypertension

Branchio-pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

1 week

P

18 hours

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐NOT WHILE ☐22. I hereby certify that I attended the deceased from 10-20-1952 to 11-3-1952 that I last saw the
deceased alive on 11-2-1952 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

G. G. Snodman M. D.

1109 N. Calvert St

11-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 4 - 1952

Huntington Williams, M. D.

Jack Lewis

2100 Cutaw Pe

VS 150

MEDICAL CERTIFICATION

Assmann
64 0170

650

52 10052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10052
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ira Varney</i>		2. DATE OF DEATH <i>Nov 2 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Ardleigh Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>35 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>2112 Brookfield Ave</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 22 - 1907</i>	9. AGE (In years last birthday) <i>45</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chemist Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Williamson W. Va</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Wade Varney</i>		14. MOTHER'S MAIDEN NAME <i>Mollie Maynard</i>		17. INFORMANT ADDRESS <i>Mary Varney 2112 Brookfield Ave</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>218-01-3591</i>		17. INFORMANT ADDRESS	
18. <i>163X</i>		CAUSE OF DEATH <i>Carcinoma of Lung</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2/20/52</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) DUE TO			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/20</i> , 19 <i>52</i> , to <i>11/2/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Oct.</i> , 19 <i>52</i> , and that death occurred at <i>2:30 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Max Baum</i>		23B. ADDRESS <i>15016 Milton Ave</i>		23C. DATE SIGNED <i>11/3/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 5 - 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>4430 Belair Rd.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Joseph Farace Inc.</i>		ADDRESS <i>712-14 E. North Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>712-14 E. North Ave</i>	

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260
52 10053BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10053
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MABEL B. KISER

2. DATE
OF
DEATH

11/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)Suthran Hospital of
Maryland

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug. 9, 1895

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife Seamstress Adelman

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Charles Berkemeir

Cloak Co.

Johanna

14. MOTHER'S MAIDEN NAME

Berkenmeier Grauling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

217-14-2484

17. INFORMANT

ADDRESS

Ray Hill Kiser 3605 Bowers Ave.

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Cardiac Decompensation

DUE TO

11/2/52
to 11/3/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Insufficiency

DUE TO

approx
1/2 hr

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Coronary Artery Heart Disease
Diabetes Mellitus

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 11/2, 1952 to 11/3, 1952 that I last saw the
deceased alive on 11/3, 1952, and that death occurred at 4:29 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 6, 1952

Woodlawn

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 4 - 1952

Huntington Williams, M.D.

E. E. Eversworth, D. M. A. C. O. S.

VS 150

4600, Liberty Heights Ave.

MEDICAL CERTIFICATION

BALTIMORE AND HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Occupation		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Police Officer		15. Signature of Funeral Home	
16. Signature of Burial Place		17. Signature of Cemetery		18. Signature of Interment		19. Signature of Burial		20. Signature of Burial	
21. Signature of Burial		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial		25. Signature of Burial	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial		34. Signature of Burial		35. Signature of Burial	
36. Signature of Burial		37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial		49. Signature of Burial		50. Signature of Burial	
51. Signature of Burial		52. Signature of Burial		53. Signature of Burial		54. Signature of Burial		55. Signature of Burial	
56. Signature of Burial		57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial		65. Signature of Burial	
66. Signature of Burial		67. Signature of Burial		68. Signature of Burial		69. Signature of Burial		70. Signature of Burial	
71. Signature of Burial		72. Signature of Burial		73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial		85. Signature of Burial	
86. Signature of Burial		87. Signature of Burial		88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial		94. Signature of Burial		95. Signature of Burial	
96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	

623
52 10054BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10054

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CARRIE H. WRIGHT		2. DATE OF DEATH Nov. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4414 Kathland Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4414 Kathland Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 10, 1877	9. AGE (In years last birthday) 75	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Illinois	
13. FATHER'S NAME Oscar D. Whitney		14. MOTHER'S MAIDEN NAME Anna Maria Jennings			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. George Trisik - 4414 Kathland Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertensive Heart Disease DUE TO (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pericious Anemia		5 yrs.			
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 22 , 19 52 , to Nov. 2 , 19 52 , that I last saw the deceased alive on Nov. 2 , 19 52 , and that death occurred at 11:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Carl L. Chambers M. D.		23B. ADDRESS 4106 Liberty St. S.		23C. DATE SIGNED 11/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/9/52		24C. NAME OF CEMETERY OR CREMATORY Fairview Cem.	
24D. LOCATION (City, town, or county) Cherryvale, Kansas		(State)			
DATE RECEIVED BY LOCAL REGISTRAR NOV 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Dickener & Sons Baeto 17, Md.	

VS 150

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STATE OF NEW YORK
DEPARTMENT OF HEALTH

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52 10055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10055
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Jane Morgan			2. DATE OF DEATH Oct. 31, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1718 West Fayette Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 70 Yrs.			D. STREET ADDRESS (If rural, give location) 1718 West Fayette Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 1, 1879	9. AGE (In years, last birthday) 73	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Annapolis Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unkown			14. MOTHER'S MAIDEN NAME Sarah Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Goldie Weston 1718 W. Fayette St		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) CEREBRAL HEMORRHAGE		DUE TO		1 DAY
(B) ARTERIO-SCROTIC CARDIOVASCULAR DISEASE		DUE TO		?
(C)				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-30**, 19**51**, to **10-31**, 19**52**, that I last saw the deceased alive on **10-31**, 19**52**, and that death occurred at **11:20 AM.**, from the causes and on the date stated above.

23A. SIGNATURE Thomas W. Harris	23B. ADDRESS 1824 W. 7th St	23C. DATE SIGNED 10-31-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/4/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elroy Wilson	ADDRESS 1000 Brantley Ave
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5 27208A 0018

MEDICAL CERTIFICATION

200

52 10056

52 10056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Ida Hayes			2. DATE OF DEATH 11/1/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1623 East Madison Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1623 East Madison Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 2, 1909	9. AGE (In years last birthday) 43	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Sellis Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Horace Hansen			14. MOTHER'S MAIDEN NAME Maggie Culsum		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Sarah Tarlton 1622 E. Madison St		

MEDICAL CERTIFICATION

18. 593X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Conduction System DUE TO Hypertension		INTERVAL BETWEEN ONSET AND DEATH 12 hrs ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/31 , 19 52 , to 11/1 , 19 52 , that I last saw the deceased alive on 11/1 , 19 52 and that death occurred at 2:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE R. R. R.		23B. ADDRESS 822 N. B. B.		23C. DATE SIGNED 11/4/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/4/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Bently Wk	

720 8A 10040

CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 10057

1. NAME OF DECEASED (Type or Print) Upsher Lankford Williams		2. DATE OF DEATH 10/31/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 130 North Asquith Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE 10 Yrs.		D. STREET ADDRESS (If rural, give location) 130 North Asquith Street	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6/29/1912
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	9. AGE (In years last birthday) 40
13. FATHER'S NAME Ned Lankford		11. BIRTHPLACE (State or foreign country) Prince Ann Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Louise Lankford	
17. INFORMANT ADDRESS Ruth Williams 135 N. Asquith St			

18. 421.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Calculus Heart disease		INTERVAL BETWEEN ONSET AND DEATH 8 months
(A) DUE TO Pulmonary edema		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2nd , 19 52 , to 31 Oct , 19 52 , that I last saw the deceased alive on 10/31/52 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE C. C. Surwell		23B. ADDRESS 121 Crookwell St.		23C. DATE SIGNED 11-4-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/4/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calver Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Elmer D. Wilson 1700 Beantley Rd	

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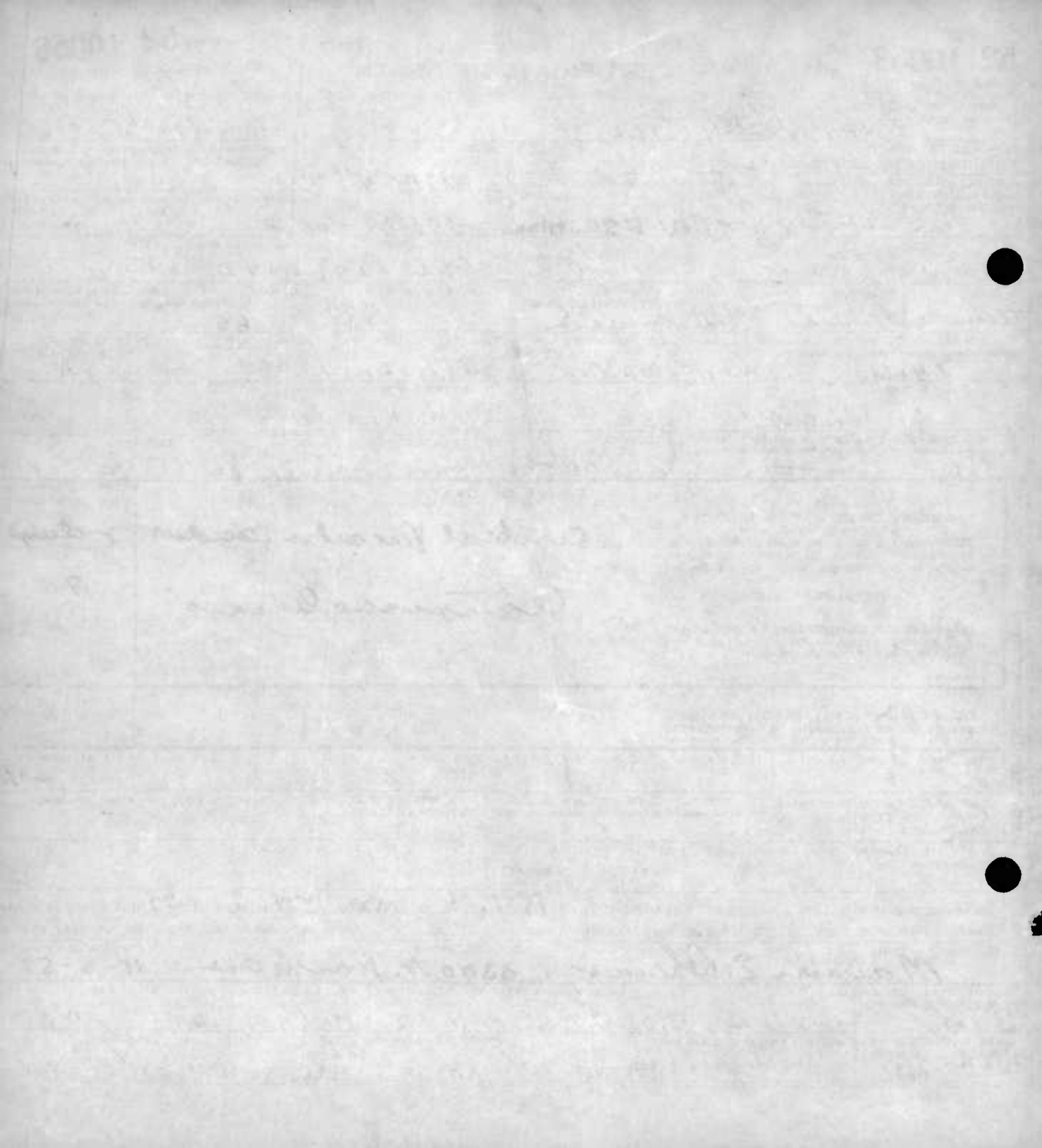
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52 10058BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10058
Registered No.

1. NAME OF DECEASED (Type or Print) ANNA WAITUKITIES		2. DATE OF DEATH 11/2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
8. FULL NAME OF (If not in hospital or institution, give street address or location) CLIFTON CONVALESCENCE HOME		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 22-02	
length of stay in Baltimore 40 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 656 PORTLAND ST.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10B. KIND OF BUSINESS OR INDUSTRY COAT-MAKER	
11. BIRTHPLACE (State or foreign country) LITHUANIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-01-1573	
17. INFORMANT MARIE CHRISTLE		ADDRESS 805 MT. HOLLY ST.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accidents DUE TO Arteriosclerosis DUE TO ?		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 1 , 1952 to Nov. 2 , 1952 that I last saw the deceased alive on 11-1- , 1952, and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE Maurice E. Shamer M.D.		23B. ADDRESS 3300 W. North Ave	
23C. DATE SIGNED 11-3-52		24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24B. DATE 11/5/52		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) (State) BELAIR RD. MD.		25. FUNERAL DIRECTOR CHARLES W. KRCHAVSKINS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 4 - 1952		REGISTRAR'S SIGNATURE Huntington W. ...	
ADDRESS 703 McHENRY ST.		VS 150	

MEDICAL CERTIFICATION

59046



52 10059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10059
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William Brooks</i>		2. DATE OF DEATH <i>Oct 31. 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>10055 Sharp St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baba Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>23-01</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>10055 Sharp Street</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>10/15/1892</i>	9. AGE (In years last birthday) <i>60</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Retiree</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>James Brooks</i>		14. MOTHER'S MAIDEN NAME <i>Mary Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Lueth Hill 9095 Sharp St</i>	
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Pulmonary Tuberculosis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June</i> , 1952, to <i>Oct. 31</i> , 1952, that I last saw the deceased alive on <i>Oct. 31</i> , 1952, and that death occurred at <i>10 A m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS M. D. <i>2530 - Pa. Ave.</i>		23C. DATE SIGNED <i>10/31/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 4. 52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. Co Md.</i>		25. FUNERAL DIRECTOR <i>Isaac L Brown Sr</i>		ADDRESS <i>108W Montg omery St</i>	
LOCAL RECEIVED BY <i>NOV 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

CERTIFICATE CORRECTED

11-14-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10060

Registered No.

52 10060

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Howell Benson

2. DATE

OF DEATH November 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

5322 Maple Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5322 Maple Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 9, 1879

9. AGE (In years last birthday)

73 yrs

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Shopman-Tinsmith Pa R.R.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Elkton, Md. Wilmington, Del.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Benson

14. MOTHER'S MAIDEN NAME

Rebecca Manuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

716-01-320

17. INFORMANT

ADDRESS

Mrs. Portia F. Benson, 5322 Maple Ave.

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension A.S. C.V. Disease

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1950 to 11/2, 1952, that I last saw the deceased alive on 11/2, 1952, and that death occurred at 3.15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

5721 Park Heights Ave.

11/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mount Salem Cemetery

24D. LOCATION (City, town, or county)

Wilmington, Del.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 4 - 1952

Huntington Williams, M.D.

4510 Liberty Heights Ave.

591 50

MEDICAL CERTIFICATION

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55 10000

November 1, 1954

George H. Brown

Washington

1000 Main Ave.

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52 10061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10061

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. L. Diehl

2. DATE
OF
DEATH

Nov. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION 1602 Ellamont St.,4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1602 Ellamont St.,

C. Length of stay in Baltimore

70 - Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 24, 1871

9. AGE (in years
last birthday)

70

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Supt. Bloomingdale
Park10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William G.H. Diehl

14. MOTHER'S MAIDEN NAME

Mary Labahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mamie Diehl 1602 Ellamont St.,

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH3 years
2 mo.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☒ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1949 to Nov 1, 1952, that I last saw the
deceased alive on Oct 31, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-4-1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 4 - 1952 H. Howard Strong 3207 W. North Ave.,

VS 150

120091

MEDICAL CERTIFICATION

Dr J H. TRABAND.
1219 Poplar Grove '9-10

52 10062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10062

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louis L. Long		2. DATE OF DEATH Nov. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Balto. General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1117 William St.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 29, 1896
			9. AGE (In years last birthday) 56 yrs. If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paint Mfg.		10B. KIND OF BUSINESS OR INDUSTRY Andorfer Long Co.	
11. BIRTHPLACE (State or foreign country) Balto. MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Long		14. MOTHER'S MAIDEN NAME Annie Ludwig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War I		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Jessie Miller		ADDRESS 901 Wash. Blvd.	
18. 420.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) - Angina Pectoris DUE TO (B) DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTECEDENT CAUSES OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from - Oct. 31, 1952 , to Nov 3, 1952 , that I last saw the deceased alive on Oct 3, 1952 , and that death occurred at 9 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE H. H. Melito		23B. ADDRESS 1279 William St.	
23C. DATE SIGNED 11/4/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 5, 1952	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Frederick Rd. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 4 - 1952	REGISTRAR'S SIGNATURE Huntington Withers	25. FUNERAL DIRECTOR KRAUSE FUNERAL HOME	
		ADDRESS 1216 S. Charles St.	

NOT A MEDICAL EXAMINER'S CASE

R. Fisher

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

460
52 10053BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10053
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Taylor, Samuel</i>		2. DATE OF DEATH <i>11-2-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Va</i> B. COUNTY <i>V-43</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Swington Va.</i>	
c. Length of stay in Baltimore <i>1 yr.</i>		D. STREET ADDRESS (If rural, give location)	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Jan 10th</i>
9. AGE (In years last birthday) <i>55</i>		If Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Va.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James Taylor</i>		14. MOTHER'S MAIDEN NAME <i>Heneretta Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Johnnie Taylor</i>		ADDRESS <i>Swington Va.</i>	
18. <i>260X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Swington Va.</i> (A) <i>Cerebral thrombosis</i> DUE TO (B) <i>Arteriosclerosis associated with Diabetes Mellitus</i> DUE TO (C) <i></i>	
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-2</i> , 19 <i>52</i> , to <i>11-2</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>11-2</i> , 19 <i>52</i> , and that death occurred at <i>11:05 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph C. Fitzgerald</i>		23B. ADDRESS <i>Univ. Hosp.</i>	
23C. DATE SIGNED <i>11/4/52</i>			
24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE <i>Nov 6th/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Swington Va.</i>		24D. LOCATION (City, town, or county) (State) <i>Va.</i>	
OATE RECEIVED BY LOCAL REGISTRAR <i>NOV 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Choy O Wilson</i>		ADDRESS	

52 10064
VMC-164606BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Lois May Kelm		2. DATE OF DEATH 11-1-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-04	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 113 E. Barney St.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 9, 1945
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 7 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Louis Kelm		12. CITIZEN OF WHAT COUNTRY? Maryland	
14. MOTHER'S MAIDEN NAME Gladys Thomas		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records! B. C. H. 4940 Eastern Ave.	
18. 010X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Tuberculous Meningitis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-1- , 19 52 , to 11-1- , 19 52 , that I last saw the deceased alive on 11-1- , 19 52 , and that death occurred at 7:45 Pm. , from the causes and on the date stated above.			
23A. SIGNATURE H. P. Johns		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 11-1-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 11/5/52	
24C. NAME OF CEMETERY OR CREMATORY Cedar Hill		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR NOV 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR James L. McCully		ADDRESS 130 E. Fort Avenue	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1900-1901

Do not fill in

Signature

Signature

Signature

Signature

Signature

Signature

Signature

CAUSE OF DEATH

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

52 10065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10065
Registered No. 2698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Forman Nickens

2. DATE
OF
DEATH

11-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1137 Woodyear St

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

Dec. 19, 1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sanitor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lacy Nickens

14. MOTHER'S MAIDEN NAME

Lena Harcum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Escelena Nickens 1137 Woodyear St

18. 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of rectum

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)C. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-52 to 11-3-52, 1954 that I last saw the
deceased alive on 11-1-52, 1954 and that death occurred at 12 PM., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders M.D.

23B. ADDRESS

1029 N. Stricker St.

23C. DATE SIGNED

11-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

1303

ADDRESS

10V 5-1952

VS 150

572074

George S. Nelson Prentiss

542
52 10066BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10066

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES DANIELS

2. DATE
OF
DEATH

NOV. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South BALTO. GEN.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FIREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

BOAT

13. FATHER'S NAME

JACOBS DANIELS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES W.W. I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JANIE HAWKINS 1821 N. CAROLINE

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

HYPERTENSIVE HEART

DUE TO

ANTECEDENT CAUSES

(B)

Disease other conditions

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

BRONCHIAL ASTHMA.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

BRONCHIAL ASTHMA.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an INSPECTION thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

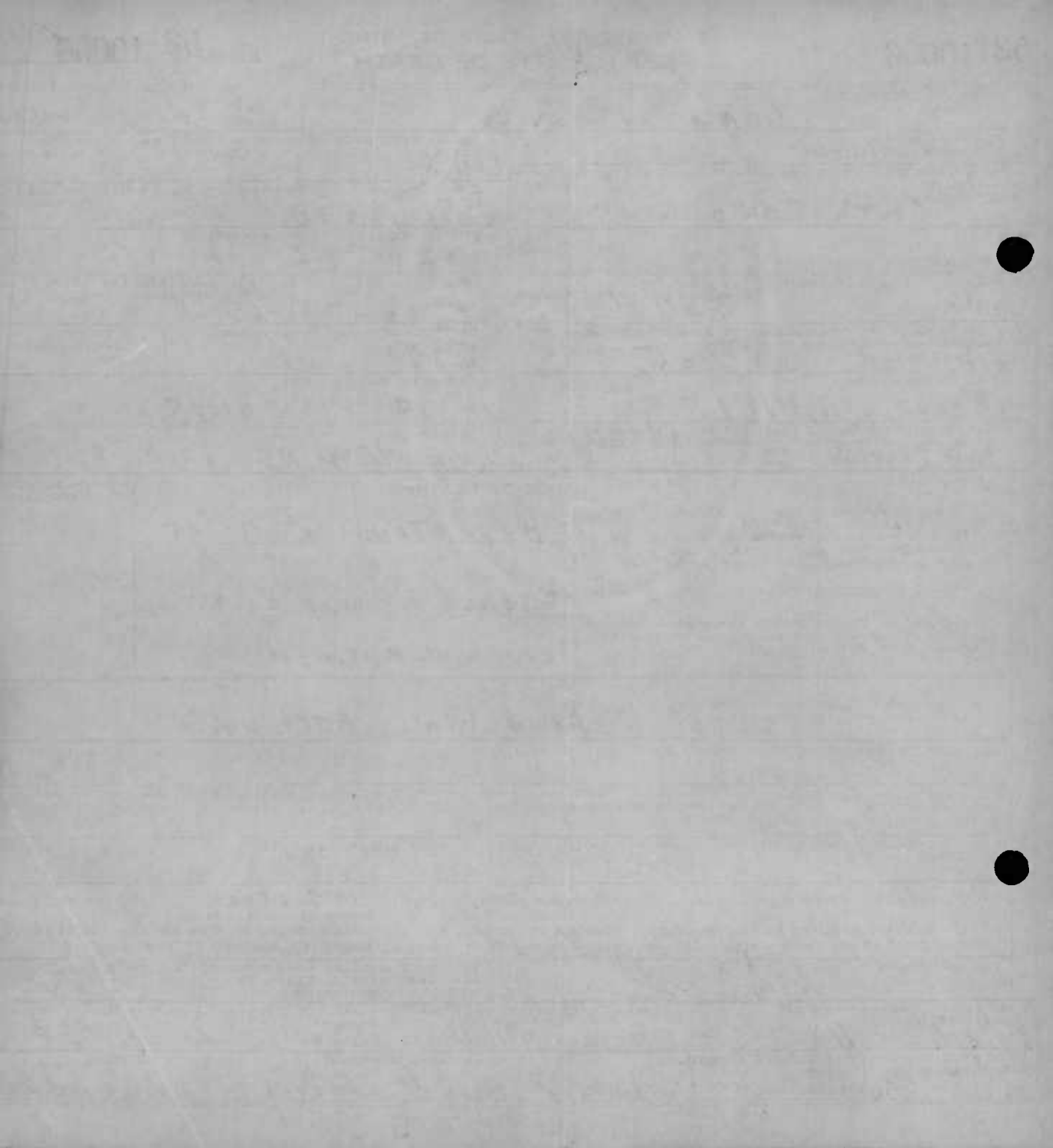
25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1952

Huntington Williams, M.D.

Joseph S. Locks, Jr. 1304 N. Central Ave



52 10057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10057
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Janice Boone

2. DATE
OF
DEATH

11/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

36 Fourday Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N. Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

M. G.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-01

D. STREET ADDRESS (If rural, give location)

508 N. Brie

5. SEX

F

6. COLOR OR RACE

N. Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 6, 1914

9. AGE (In years last birthday)

37

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Joseph Stinnett

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Clarence J. Boone 508 N. Brie

18. 681X and 260X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/24/52 10/31/52

19B. MAJOR FINDINGS OF OPERATION

Cesarean Section Closure of Abdominal Incision 10/31

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20 1952, to 11/1 1952, that I last saw the deceased alive on 11/1 1952, and that death occurred at 10 30 m., from the causes and on the date stated above.

23A. SIGNATURE

J. W. Banerjee

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

11/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/5/1952

24C. NAME OF CEMETERY OR CREMATORY

St. V. Cahary Am

24D. LOCATION (City, town, or county)

Cedar Hill Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

3224 Schermer St.

100-10000

CERTIFICATE OF DEATH

100-10000

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	

400
52 10058BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10058

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ida Hall

2. DATE
OF
DEATH

Nov. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

108 7 1/2 Carlton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

18-02

D. STREET ADDRESS (If rural, give location)

108 7 1/2 Carlton St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 3, 1905

9. AGE (in years
last birthday)

47

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or, if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Marys Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Jones

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

William Hailer

ADDRESS

108 7 1/2 Carlton St.

18. 171 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1950, to Nov 1, 1952, that I last saw the
deceased alive on Nov 1, 1952, and that death occurred at 10:25 P.m. from the causes and on the date stated above.

23A. SIGNATURE

G. M. West

M. D.

23B. ADDRESS

1802 Edmundson

23C. DATE SIGNED

11-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/5/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schroeder St.

VS 150

95-20010061

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Cause of Death		Manner of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Burial Officer		Signature of Cemetery Officer	
Signature of Undertaker		Signature of Funeral Home	
Signature of Family		Signature of Friends	
Signature of Church		Signature of Community	
Signature of State		Signature of Nation	

52 10069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10069

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NATHANIEL

JORDAN

2. DATE
OF DEATH November 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar 3, 1910

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Madison N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Jordan

14. MOTHER'S MAIDEN NAME

Henrietta Good

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Jordan 669 W. Fairmount Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Nov. 1, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/4/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant Cem.

24D. LOCATION (City, town, or county)

Henderson N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

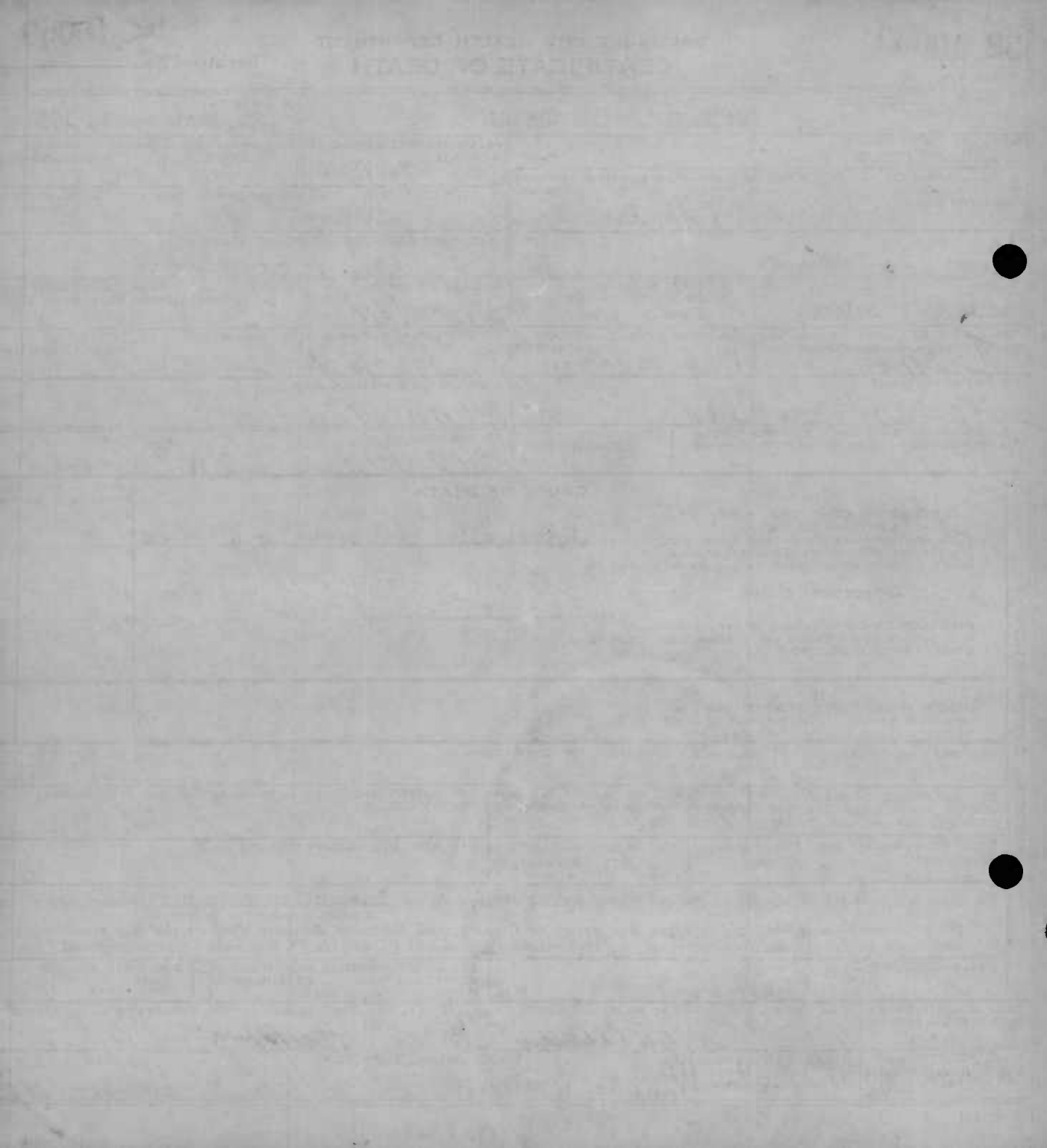
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schenck St.



56
52 10070BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10070
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William A. TURNER.

2. DATE
OF
DEATH

NOV. 1-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF ^{if not in hospital or institution, give street address or}
HOSPITAL OR location)
INSTITUTION

MARYLAND GENERAL HOSP.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WELDER + STEAM FITTER

10B. KIND OF BUSINESS OR
INDUSTRY

LLOYD E. MITCHELL

13. FATHER'S NAME

GEORGE

B. TURNER

PLUMBING + HEATING

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

-

8. DATE OF BIRTH

APRIL 14, 1909

9. AGE (In years
last birthday)

43

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

SOUTH CAROLINA

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

MARY MOSER

17. INFORMANT

ADDRESS

Wm. A. TURNER, JR. 3611 REISTERSTOWN RD

18. 443X and 307X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

MYOCARDIAL INSUFFICIENCY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO HYPERTENSIVE HEART

DUE TO

(C)

DISEASE

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Delerium TRENUMS

19A. DATE OF OPERATION

OCT. 29, 1952

19B. MAJOR FINDINGS OF OPERATION

Cholecystostomy

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

11/4/52

24C. NAME OF CEMETERY OR CREMATORY

GREENVILLE, S.C.

24D. LOCATION (City, town, or county)

GREENVILLE, SOUTH CAROLINA

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

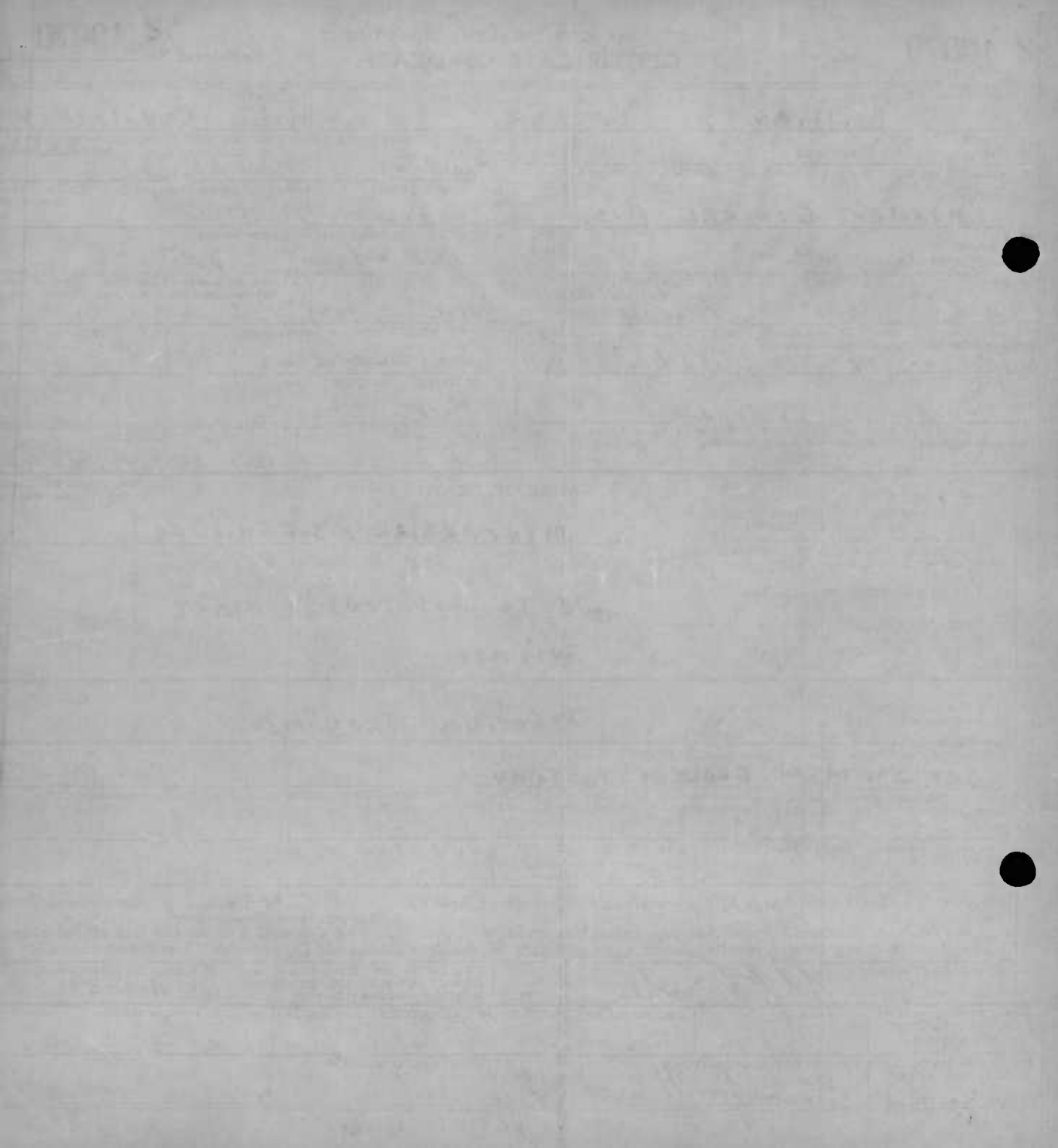
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 ST. PAUL STREET



AB-163392

52 10071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10071

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James E. Struble

2. DATE
OF
DEATH

Nov. 4-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Indiana

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Elkhart

D. STREET ADDRESS (If rural, give location)

609 Honey Street

E. Length of stay in Baltimore

1mo. 12days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 25-1930

9. AGE (In years
last birthday)

22

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

News Agency

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Struble

14. MOTHER'S MAIDEN NAME

Eliz. Leary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMATION ADDRESS

Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 080.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Bulbar and Spinal Polio

1mo. 12days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-22-1952

19B. MAJOR FINDINGS OF OPERATION

Tracheotomy

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-22-1952 to 11-4-1952, that I last saw the
deceased alive on 11-4-1952, and that death occurred at 2:30AM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

23B. ADDRESS

M. O. 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

11-4-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

St Vincent

24D. LOCATION (City, town, or county)

Elkhart Ind

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2000 Cook Ave 1217 St Paul St

VS 150

39044 10006 A

Baltimore

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

RELIGION

DATE OF MARRIAGE

PLACE OF BIRTH

DATE OF DEPARTURE

DATE OF ARRIVAL

PLACE OF ARRIVAL

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

RELIGION

DATE OF MARRIAGE

PLACE OF BIRTH

DATE OF DEPARTURE

DATE OF ARRIVAL

PLACE OF ARRIVAL

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

RELIGION

DATE OF MARRIAGE

PLACE OF BIRTH

DATE OF DEPARTURE

DATE OF ARRIVAL

PLACE OF ARRIVAL

540
52 10072BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10072

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NOTLEY HENLEY

2. DATE
OF
DEATH

11/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

HOWARD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

WOODSTOCK

D. STREET ADDRESS (If rural, give location)

6300

c. Length of stay in Baltimore

5

Yes
No
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 18/1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Agriculture

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Henley

14. MOTHER'S MAIDEN NAME

ANNIE SNYDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr Norman Henley - Woodstock

18. 434.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ACUTE PULMONARY EDEMA

12 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CONGESTIVE FAILURE

12 hrs

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

GANGRENE, DRY, LEFT LEG

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1 1952, to 11/2 1952, that I last saw the
deceased alive on 11/2 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John O'Sharrett

M. D.

University Hosp.

11/2 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-5-52

Mt View

Alba, Howard Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1952

Huntington Williams, M.D.

Weaver & Fright - Sparks, Md.

VS 150

5200

Ruth A. Fright

52 10073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10073

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Antonie Kolar		2. DATE OF DEATH 11-2-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5003 Remmell Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE 55 Years		D. STREET ADDRESS (If rural, give location) 911 N. Collington Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 20, 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY Home	
13. FATHER'S NAME Thomas Kriz		14. MOTHER'S MAIDEN NAME Antonie Vanik	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. None	
17. INFORMANT Frank Kolar, 5003 Remmell Avenue		ADDRESS	

18. 157x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of head of pancreas DUE TO (A) 5 mos (B) 5 mos (C) 5 mos	CAUSE OF DEATH Carcinoma of head of pancreas INTERVAL BETWEEN ONSET AND DEATH 5 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 11, 1953 to Nov 2, 1952 , that I last saw the deceased alive on Nov 1, 1952 , and that death occurred at 11 A m., from the causes and on the date stated above.					
23A. SIGNATURE Joseph Pokorny		23B. ADDRESS 2200 E Madison St		23C. DATE SIGNED 11/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-5-1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) Baltimore 6, Maryland		24E. STATE Maryland		25. FUNERAL DIRECTOR Frank Cvach & Son, 900 N. Chester St. 5	
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

BALTIMORE AND ANNE ARUNDEL COUNTY
CERTIFICATE OF DEATH

Local File

DATE OF DEATH

DECEASED'S NAME
SEX
AGE
DATE OF BIRTH
PLACE OF BIRTH
MARRIAGE

CAUSE OF DEATH
MANNER OF DEATH

PLACE OF DEATH
DATE OF DEATH

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S EDUCATION

DECEASED'S RELIGION

DECEASED'S RACE

DECEASED'S SEX

DECEASED'S AGE

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

52 10074

1. NAME OF DECEASED (Type or Print) <u>Isaiah Burrell</u>			2. DATE OF DEATH <u>October 29, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med. Cpl 2</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 6-04</u>		
C. Length of stay in Baltimore <u>3 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>1718 Orleans St.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6-5-17</u>	9. AGE (In years last birthday) <u>35</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>Burrell's</u>	11. BIRTHPLACE (State or foreign country) <u>Norfolk Va</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Isiah Burrell's</u>			14. MOTHER'S MARRIAGE NAME <u>Ellen Smith</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.			
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>			ADDRESS		

<p>18. <u>446X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p>CAUSE OF DEATH</p> <p>(A) <u>Uremia</u></p> <p>DUE TO</p> <p>(B) <u>Arteriosclerosis</u></p> <p>DUE TO</p> <p>(C) <u>Hypertension</u></p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>3 wks</u></p> <p><u>3 mos.</u></p> <p><u>12 yrs.</u></p>
<p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT</p>		

19A. DATE OF OPERATION 2/		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from 10-23, 1952, to 10-29, 1952, that I last saw the deceased alive on 10-29, 1952, and that death occurred at 505 P.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Medenol W. D. D.</i>	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 11-3-52
---	--	-----------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
	Nov. 7th/02	mt. Olive	VA.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25 FUNERAL DIRECTOR <i>Elroy O Wilson</i>	ADDRESS
---	---	--	---------

VS 150

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		DATE OF DEATH	
SEX		AGE	
RACE		EDUCATION	
MARRIED		OCCUPATION	
PLACE OF BIRTH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER	
SIGNATURE OF JUDGE		SIGNATURE OF CLERK	

52 10075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10075
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William O. Brown

2. DATE
OF
DEATH

Nov. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 2800 Clifton Ave.,4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-47D. STREET ADDRESS (If rural, give location)
2800 Clifton Ave.,

C. Length of stay in Baltimore

50 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 30, 1874

9. AGE (in years
last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery Business

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Curtis Brown

14. MOTHER'S MAIDEN NAME

Katherine Handley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Annie K. Brown 2800 Clifton Ave.,

18. 422.2 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1 - 1949 to Nov 3, 1952 that I last saw the
deceased alive on Nov 3, 1952 and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-6-1952

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1952

Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.,

VS 150

19520010068

MEDICAL CERTIFICATION

Dr Christopher J. Mendels
651 N. Benton St.

-256
52 10076

CERTIFICATE CORRECTED 11-10-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10076

Registered No. _____

1. NAME OF DECEASED (Type or Print) August D. Degener		2. DATE OF DEATH Nov. 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 19-04	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1645 Wilkens Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
D. STREET ADDRESS (If rural, give location) 1645 Wilkens Ave			
c. Length of stay in Baltimore Life			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1891 Nov. 26, 1892
9. AGE (In years last birthday) 60		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box Maker		10B. KIND OF BUSINESS OR INDUSTRY H.D. Dreyer Co.	
11. BIRTHPLACE (State or foreign country) Maryland.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Degener		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Anna Degener, 1645 Wilkens Ave		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Arteriosclerotic C-V Disease INTERVAL BETWEEN ONSET AND DEATH 4 days several years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 19, 1952 to Nov 2, 1952 , that I last saw the deceased alive on Nov 1, 1952 , and that death occurred at 7:30 m., from the causes and on the date stated above.			
23A. SIGNATURE Abram Goldman		23B. ADDRESS 206 S. Gilman St.	
23C. DATE SIGNED 11/3/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 5, 1952	
24C. NAME OF CEMETERY OR CREMATORY St. Pauls		24D. LOCATION (City, town, or county) (State) Violetville Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Harry H. Hutzler		ADDRESS 4101 Edmondson ave.	

CERTIFICATE OF DEATH

CAUSE OF DEATH

DEATH OCCURRED AT THE RESIDENCE OF THE DECEASED
 ON THE 10TH DAY OF JANUARY 1964
 AT THE AGE OF 78 YEARS
 THE CAUSE OF DEATH WAS
 HEART DISEASE
 CORONARY ARTERY DISEASE
 MYOCARDIAL INFARCTION
 CONGESTIVE HEART FAILURE
 PULMONARY EDEMA
 PLEURAL EFFUSION
 PNEUMONIA
 BRONCHOPNEUMONIA
 CHRONIC BRONCHITIS
 EMPHYSEMA
 COPD
 ASTHMA
 ALLERGIC REACTION
 ANAPHYLACTIC SHOCK
 SEPSIS
 BACTEREMIA
 FUNGEMIA
 VIREMIA
 PARASITEMIA
 TOXIC SHOCK SYNDROME
 DIC
 TTP
 HUS
 HELLP SYNDROME
 PREECLAMPSIA
 ECLAMPSIA
 HELPER'S SYNDROME
 DRUG TOXICITY
 ALCOHOLIC DRUG TOXICITY
 OVERDOSE
 ACCIDENT
 SUICIDE
 HOMICIDE
 UNIDENTIFIED

DEATH OCCURRED AT THE RESIDENCE OF THE DECEASED
 ON THE 10TH DAY OF JANUARY 1964
 AT THE AGE OF 78 YEARS
 THE CAUSE OF DEATH WAS
 HEART DISEASE
 CORONARY ARTERY DISEASE
 MYOCARDIAL INFARCTION
 CONGESTIVE HEART FAILURE
 PULMONARY EDEMA
 PLEURAL EFFUSION
 PNEUMONIA
 BRONCHOPNEUMONIA
 CHRONIC BRONCHITIS
 EMPHYSEMA
 COPD
 ASTHMA
 ALLERGIC REACTION
 ANAPHYLACTIC SHOCK
 SEPSIS
 BACTEREMIA
 FUNGEMIA
 VIREMIA
 PARASITEMIA
 TOXIC SHOCK SYNDROME
 DIC
 TTP
 HUS
 HELLP SYNDROME
 PREECLAMPSIA
 ECLAMPSIA
 HELPER'S SYNDROME
 DRUG TOXICITY
 ALCOHOLIC DRUG TOXICITY
 OVERDOSE
 ACCIDENT
 SUICIDE
 HOMICIDE
 UNIDENTIFIED

DEATH OCCURRED AT THE RESIDENCE OF THE DECEASED
 ON THE 10TH DAY OF JANUARY 1964
 AT THE AGE OF 78 YEARS
 THE CAUSE OF DEATH WAS
 HEART DISEASE
 CORONARY ARTERY DISEASE
 MYOCARDIAL INFARCTION
 CONGESTIVE HEART FAILURE
 PULMONARY EDEMA
 PLEURAL EFFUSION
 PNEUMONIA
 BRONCHOPNEUMONIA
 CHRONIC BRONCHITIS
 EMPHYSEMA
 COPD
 ASTHMA
 ALLERGIC REACTION
 ANAPHYLACTIC SHOCK
 SEPSIS
 BACTEREMIA
 FUNGEMIA
 VIREMIA
 PARASITEMIA
 TOXIC SHOCK SYNDROME
 DIC
 TTP
 HUS
 HELLP SYNDROME
 PREECLAMPSIA
 ECLAMPSIA
 HELPER'S SYNDROME
 DRUG TOXICITY
 ALCOHOLIC DRUG TOXICITY
 OVERDOSE
 ACCIDENT
 SUICIDE
 HOMICIDE
 UNIDENTIFIED

DEATH OCCURRED AT THE RESIDENCE OF THE DECEASED
 ON THE 10TH DAY OF JANUARY 1964
 AT THE AGE OF 78 YEARS
 THE CAUSE OF DEATH WAS
 HEART DISEASE
 CORONARY ARTERY DISEASE
 MYOCARDIAL INFARCTION
 CONGESTIVE HEART FAILURE
 PULMONARY EDEMA
 PLEURAL EFFUSION
 PNEUMONIA
 BRONCHOPNEUMONIA
 CHRONIC BRONCHITIS
 EMPHYSEMA
 COPD
 ASTHMA
 ALLERGIC REACTION
 ANAPHYLACTIC SHOCK
 SEPSIS
 BACTEREMIA
 FUNGEMIA
 VIREMIA
 PARASITEMIA
 TOXIC SHOCK SYNDROME
 DIC
 TTP
 HUS
 HELLP SYNDROME
 PREECLAMPSIA
 ECLAMPSIA
 HELPER'S SYNDROME
 DRUG TOXICITY
 ALCOHOLIC DRUG TOXICITY
 OVERDOSE
 ACCIDENT
 SUICIDE
 HOMICIDE
 UNIDENTIFIED

4 400
4 52 10077BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10077
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Clarence Hale

2. DATE
OF
DEATH

Nov. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland Gen. Hosp.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Linthicum Heights, A. A. Co.

D. STREET ADDRESS (If rural, give location)

206 Sycamore Rd

5200

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 30, 1886

9. AGE (in years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Conductor

10B. KIND OF BUSINESS OR INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-----Hale

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice B. Hale, Linthicum Heights

18. 443X and 181X

CAUSE OF DEATH

A.A.CO. MD.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Decompensation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

(C) Atelectasis + pneumonia - Rt Lower Lobe

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of bladder

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1952, to 11/2, 1952, that I last saw the deceased alive on 11/2, 1952, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1952

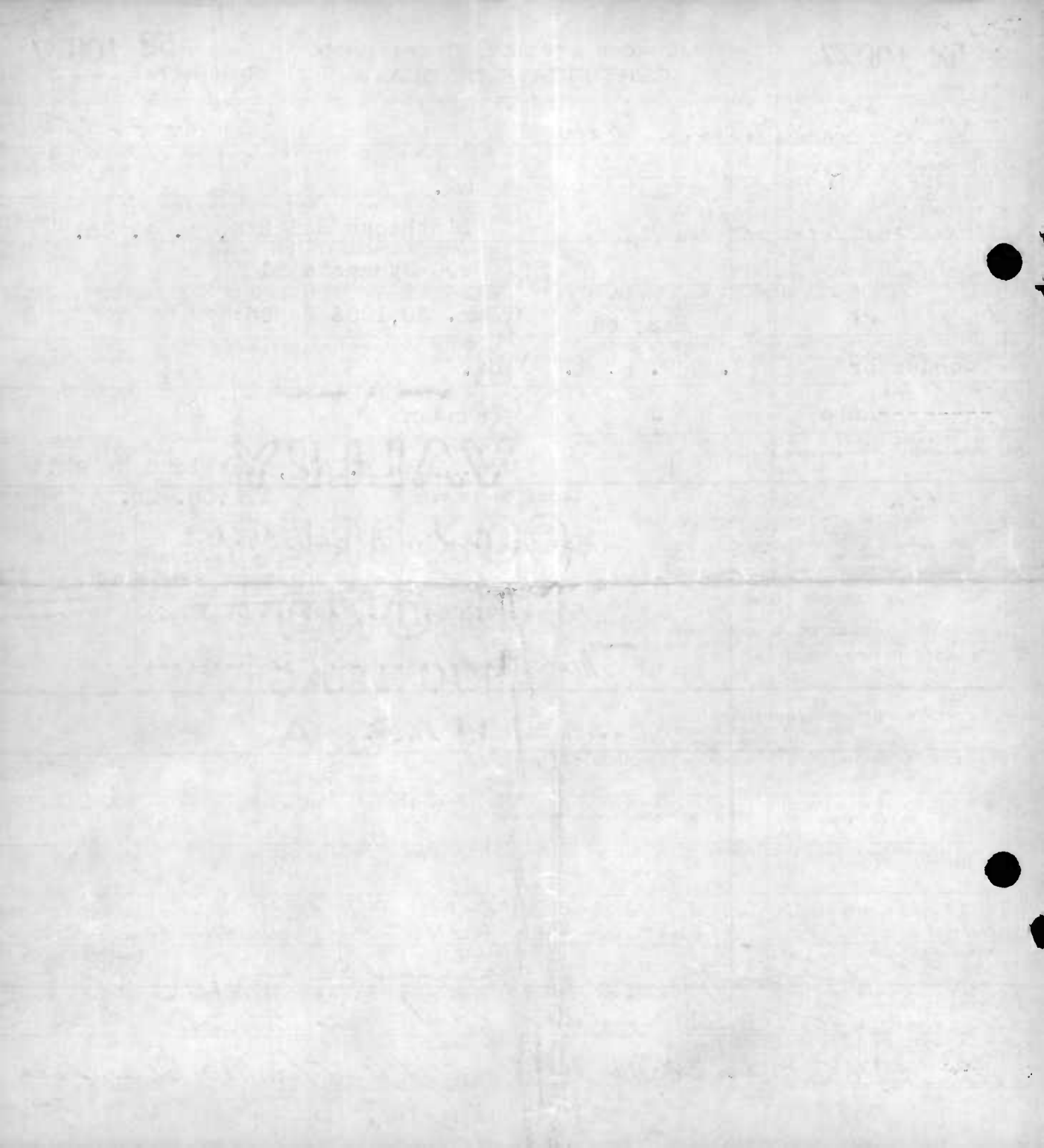
Huntington Williams, M.D.

Harry H. White, 4101 Edmondson

Ave.

VS 150

52 203 50070



52 10078

BALTIMORE CITY HEALTH DEPARTMENT

52 10078

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

7

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

—

13. FATHER'S NAME

Leonard Souner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Father

Baltimore, Md.

18. 770.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Kernicterus

Erythroblastosis foetalis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1952, to 11/3, 1952, that I last saw the
deceased alive on 11/3, 1952, and that death occurred at 4:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

C. E. Stennett M. D.

University Hospital

11/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1952

Huntington Williams, M.D.

Harry H. Witzke 3401 Edmondson Ave

Collo 2nd

1. The first part of the paper is devoted to a discussion of the

52 10079

52 10079 164636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Patricia Scherer

2. DATE OF DEATH

11/4/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

1502 Ramsay St. -23

e. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 26, 1949

9. AGE (In years last birthday)

3

10. Under 1 Year

Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Scherer

14. MOTHER'S MAIDEN NAME

Irene Frazier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

B. C. H. Records, 4940 Eastern Ave.

ADDRESS

CAUSE OF DEATH

18. 002X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuberculosis Meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Miliary, lung

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

8 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2-52, 19, to Nov. 4, 1952, that I last saw the deceased alive on Nov. 4th, 1952, and that death occurred at 8.10am, from the causes and on the date stated above.

23a. SIGNATURE

H. C. Johnson

23b. ADDRESS

4940 Eastern Ave.

23c. DATE SIGNED

11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

11-7-52

24c. NAME OF CEMETERY OR CREMATORY

Glen Haven

24d. LOCATION (City, town, or county)

A. D. Co Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Fort C. B. M. Walters

Pratt & Stricker

Report card 01327 Bureau of The
Dr. Holcomb, D.C.H. after death

415
52 10080BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10080
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN B. SULLIVAN

2. DATE
OF
DEATH

November 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1615 Cole Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-25-1929?

9. AGE (In years
last birthday)

23?

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Mills

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John C. Sullivan

14. MOTHER'S MAIDEN NAME

Florence Nash

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes Korea

16. SOCIAL
SECURITY NO.

17. INFORMANT

May C. Cassup 1615 Cole St

ADDRESS

18. E 976X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Gunshot wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1615 Cole Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 4, 1952 2:10 A. m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms - self-inflicted

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. Cassup

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-7-52

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 5 - 1952

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

W. H. C. & P. M. Walters

ADDRESS

1011 E. St

VS 151

N 803.4

342.46

Cassup & Cassup

UNIT OF

625

52 10081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 10081

BIRTH NO. 52-26474

1. NAME OF DECEASED (Type or Print) Daniel Webster
Bart Bax Crismer Jr.

2. DATE OF DEATH 11/4/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7

Union Memorial Hospital

D. STREET ADDRESS (If rural, give location)
6300 Liberty Road. 5300

6. Length of stay in Baltimore 5 Days

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH 10/31/52

9. AGE (In years last birthday) 5
If Under 1 Year Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None10B. KIND OF BUSINESS OR INDUSTRY
None11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF WHAT COUNTRY?
USA13. FATHER'S NAME
Daniel W. Crismer14. MOTHER'S MAIDEN NAME
Mary Lee Christy15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None17. INFORMANT ADDRESS
Daniel H. Crismer, 6300 Liberty Rd.

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Prematurity

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
021B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
021C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
021D. TIME (Month) (Day) (Year) (Hour) OF INJURY
021E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK
m. ☐ ☐21F. HOW DID INJURY OCCUR?
0

22. I hereby certify that I attended the deceased from 11/3, 1952, to 11/4, 1952, that I last saw the deceased alive on 11/4, 1952, and that death occurred at 3:21 p. m., from the causes and on the date stated above.

23A. SIGNATURE
Roger L. Bran23B. ADDRESS
Union Memorial Hosp23C. DATE SIGNED
11/4/5224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
Nov. 5, 195224C. NAME OF CEMETERY OR CREMATORY
Mt. Olive Cemetery24D. LOCATION (City, town, or county)
Randallstown, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR
NOV 5 - 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.FUNERAL DIRECTOR
Mellie L. LamonADDRESS
4510 Liberty Highway

952001007

1900 95

CHARTER OF DEATH

1



253

52 10082

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10082
Registered No.

1. NAME OF DECEASED (Type or Print) JOSEPH ROSENTHAL			2. DATE OF DEATH 11/4/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 28-41		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4534 N. ROGERS AVE.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH March 13, 1941		9. AGE (In years last birthday) 11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL BOY		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME AARON ROSENTHAL			14. MOTHER'S MAIDEN NAME ROSE ROGERS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Aaron Rosenthal- 4534 N. Rogers Avenue		

18. 705.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) CARDIO-RESPIRATORY FAILURE	2 MIN	
	(B) CEREBRAL EDEMA & HYPERTHERMIA	12 HRS	
	(C) ERYTHEMA MULTIFORMIS BULLA	36 HRS	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/4 19 52 to 11/4 19 52 , that I last saw the deceased alive on 11/4 19 52 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE John S. Barrett		23B. ADDRESS University Hospital		23C. DATE SIGNED 11/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/5/52		24C. NAME OF CEMETERY OR CREMATORY Mickro- Kodesh Cong.	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	

DATE RECEIVED BY LOCAL REGISTRAR NOV 5-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Sol. Harrison Bros - 1124-26 N. North Avenue	
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VS 150

9520010075

MEDICAL CERTIFICATION

100-100000

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of health officer		18. Signature of local health department		19. Signature of state health department		20. Signature of federal health department	
21. Signature of state registrar		22. Signature of state health officer		23. Signature of state medical examiner		24. Signature of state coroner	
25. Signature of state funeral director		26. Signature of state undertaker		27. Signature of state cemetery		28. Signature of state burial place	
29. Signature of state health officer		30. Signature of state local health department		31. Signature of state medical examiner		32. Signature of state coroner	
33. Signature of state funeral director		34. Signature of state undertaker		35. Signature of state cemetery		36. Signature of state burial place	
37. Signature of state health officer		38. Signature of state local health department		39. Signature of state medical examiner		40. Signature of state coroner	
41. Signature of state funeral director		42. Signature of state undertaker		43. Signature of state cemetery		44. Signature of state burial place	
45. Signature of state health officer		46. Signature of state local health department		47. Signature of state medical examiner		48. Signature of state coroner	
49. Signature of state funeral director		50. Signature of state undertaker		51. Signature of state cemetery		52. Signature of state burial place	
53. Signature of state health officer		54. Signature of state local health department		55. Signature of state medical examiner		56. Signature of state coroner	
57. Signature of state funeral director		58. Signature of state undertaker		59. Signature of state cemetery		60. Signature of state burial place	
61. Signature of state health officer		62. Signature of state local health department		63. Signature of state medical examiner		64. Signature of state coroner	
65. Signature of state funeral director		66. Signature of state undertaker		67. Signature of state cemetery		68. Signature of state burial place	
69. Signature of state health officer		70. Signature of state local health department		71. Signature of state medical examiner		72. Signature of state coroner	
73. Signature of state funeral director		74. Signature of state undertaker		75. Signature of state cemetery		76. Signature of state burial place	
77. Signature of state health officer		78. Signature of state local health department		79. Signature of state medical examiner		80. Signature of state coroner	
81. Signature of state funeral director		82. Signature of state undertaker		83. Signature of state cemetery		84. Signature of state burial place	
85. Signature of state health officer		86. Signature of state local health department		87. Signature of state medical examiner		88. Signature of state coroner	
89. Signature of state funeral director		90. Signature of state undertaker		91. Signature of state cemetery		92. Signature of state burial place	
93. Signature of state health officer		94. Signature of state local health department		95. Signature of state medical examiner		96. Signature of state coroner	
97. Signature of state funeral director		98. Signature of state undertaker		99. Signature of state cemetery		100. Signature of state burial place	

-600
52 10083MARRAH
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10083
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Marrah, James Elmer, Jr.</i>		2. DATE OF DEATH <i>2 Nov 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rosewood Training School</i>			
Length of stay in Baltimore <i>6</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Pikesville, Md. 21053</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3 APRIL, 1946</i>	9. AGE (In years last birthday) <i>6</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>BALTO. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>James Elmer Marrah</i>		14. MOTHER'S MAIDEN NAME <i>Sylvia G. Rogers</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Rosewood Training School</i>	

18. <i>340.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Bacterial meningitis</i> type of organism <i>unknown</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>? 7 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Mental Retardation - microcephaly</i>		<i>6 yrs</i>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2 Nov 1952</i> , to <i>2 Nov 1952</i> , that I last saw the deceased alive on <i>2 Nov 1952</i> , and that death occurred at <i>3:45 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. M. Powell, Jr.</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>2 Nov 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>11-5-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>OAK LAWN</i>	
24D. LOCATION (City, town, or county) <i>BALTO. CO. Md.</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, 400 North Bond Street, Baltimore, Md.</i>		24F. ADDRESS	

NOV 5 - 1952
VS 150

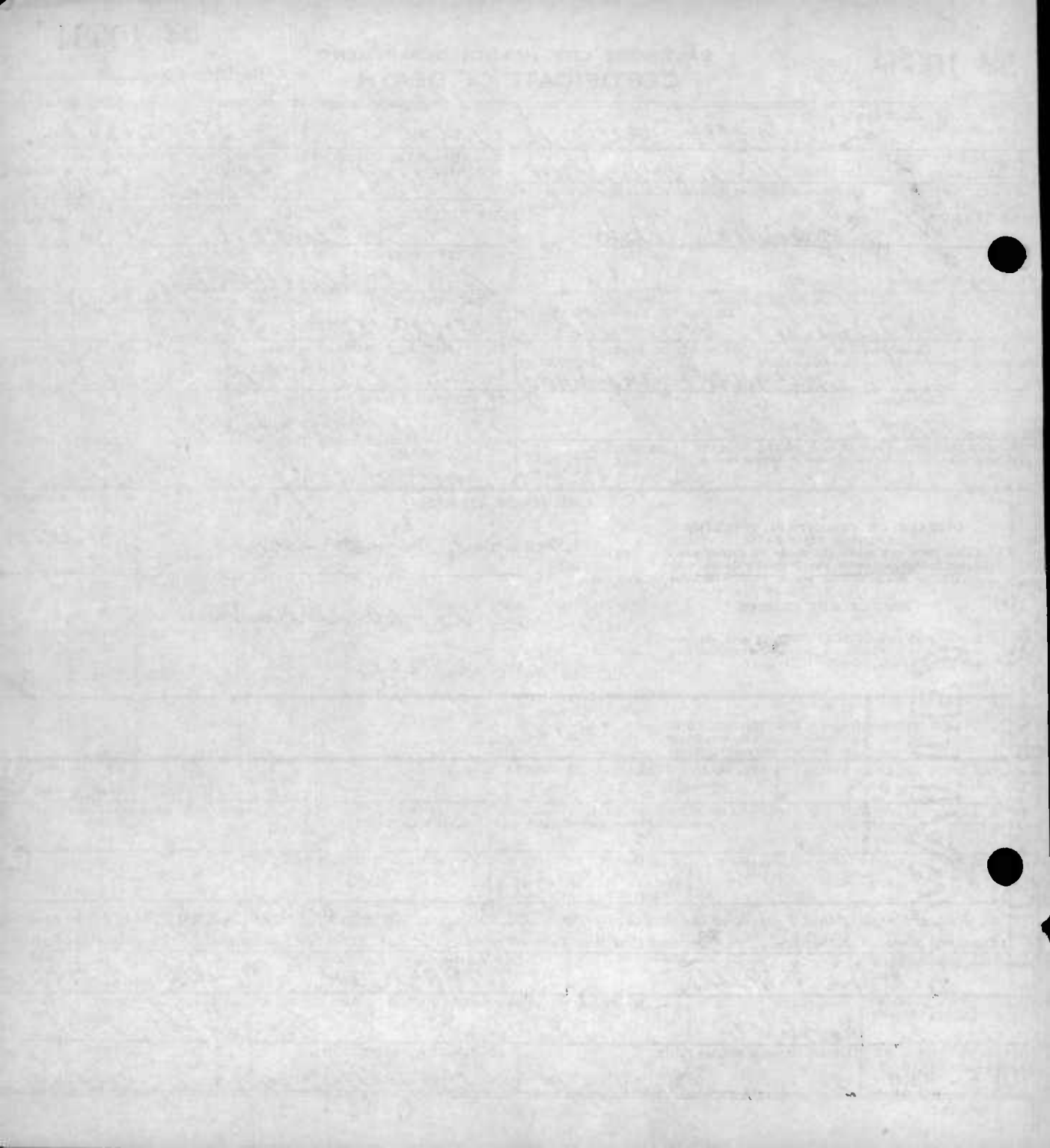
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610
52 10084BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10084

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Samuel Howard Kirby</i>		2. DATE OF DEATH <i>Nov 3, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>116 W University</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto City</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Broadview Apts.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 12-61</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>116 W University</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 28, 1872</i>	9. AGE (In years last birthday) <i>81</i>	10. Under 1 Year Months: Days Hours: Min. <i>- - - -</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Steel Die Engineer - (engraving)</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Samuel Kirby</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Carroll</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>216-32-7169</i>		17. INFORMANT ADDRESS <i>S. Howard Kirby (son) Baltimore</i>	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Cerebral hemorrhage</i> DUE TO (B) <i>arterio-sclerosis</i> DUE TO <i>"old age"</i> (C) <i>None</i>		INTERVAL BETWEEN ONSET AND DEATH <i>31 days</i> <i>?</i> <i>?</i>	
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>no</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>no</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>no</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>no</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>no</i>	
22. I hereby certify that I attended the deceased from <i>4 Oct 1952</i> to <i>30 Oct 1952</i> , that I last saw the deceased alive on <i>30 Oct 1952</i> , and that death occurred at <i>1 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Corbin Street</i>		23B. ADDRESS <i>217 Park Ave. Balto - Md</i>		23C. DATE SIGNED <i>4 Nov 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 6/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Caskwood</i>	
24D. LOCATION (City, town, or county) <i>Caskville Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 5 - 1952</i>		24F. REGISTRAR'S SIGNATURE <i>W. H. ...</i>	
24G. FUNERAL DIRECTOR <i>Stewart ...</i>		24H. ADDRESS <i>Balto</i>		24I. ...	



-150

52 10085
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10085
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Howard F. De Haven</i>		2. DATE OF DEATH <i>Nov 3, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>13-06</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3509 Keswick Rd.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3509 Keswick Road</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 28, 1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Conductor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Penna R.R.</i>	9. AGE (In years last birthday) <i>76</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>William De Haven</i>		14. MOTHER'S MAIDEN NAME <i>Fannie ?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>3509 Keswick Rd.</i>	
17. INFORMANT <i>Fannie B. De Haven</i>		ADDRESS <i>3509 Keswick Rd.</i>	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral embolus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>general arteriosclerosis</i>		DUE TO <i>myocardial infarction</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Decubitus ulcer</i>		DUE TO <i>Chronic emphysema</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>Nov 3, 1952</i>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Stroke</i>	
22. I hereby certify that I attended the deceased from <i>1-40</i> 19 <i>52</i> , to <i>11/3</i> 19 <i>52</i> , that I last saw the deceased alive on <i>11/2</i> 19 <i>52</i> , and that death occurred at <i>2:30</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>J. L. Laffell</i>		23B. ADDRESS <i>Keswick Road Md</i>	
23C. DATE SIGNED <i>11-4-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 6, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>		24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd. Md.</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, Md.</i>		ADDRESS <i>Austin C. Brown - 3818 Roland Ave.</i>	

MEDICAL CERTIFICATION

25-10025

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Date of death	
6. Place of birth		7. Usual residence		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of medical examiner		13. Signature of coroner		14. Signature of jury		15. Signature of witnesses	
16. Signature of funeral director		17. Signature of undertaker		18. Signature of cemetery		19. Signature of burial place		20. Signature of interment	
21. Signature of crematorium		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation		25. Signature of cremation	
26. Signature of cremation		27. Signature of cremation		28. Signature of cremation		29. Signature of cremation		30. Signature of cremation	
31. Signature of cremation		32. Signature of cremation		33. Signature of cremation		34. Signature of cremation		35. Signature of cremation	
36. Signature of cremation		37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation		45. Signature of cremation	
46. Signature of cremation		47. Signature of cremation		48. Signature of cremation		49. Signature of cremation		50. Signature of cremation	
51. Signature of cremation		52. Signature of cremation		53. Signature of cremation		54. Signature of cremation		55. Signature of cremation	
56. Signature of cremation		57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation		65. Signature of cremation	
66. Signature of cremation		67. Signature of cremation		68. Signature of cremation		69. Signature of cremation		70. Signature of cremation	
71. Signature of cremation		72. Signature of cremation		73. Signature of cremation		74. Signature of cremation		75. Signature of cremation	
76. Signature of cremation		77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
81. Signature of cremation		82. Signature of cremation		83. Signature of cremation		84. Signature of cremation		85. Signature of cremation	
86. Signature of cremation		87. Signature of cremation		88. Signature of cremation		89. Signature of cremation		90. Signature of cremation	
91. Signature of cremation		92. Signature of cremation		93. Signature of cremation		94. Signature of cremation		95. Signature of cremation	
96. Signature of cremation		97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	

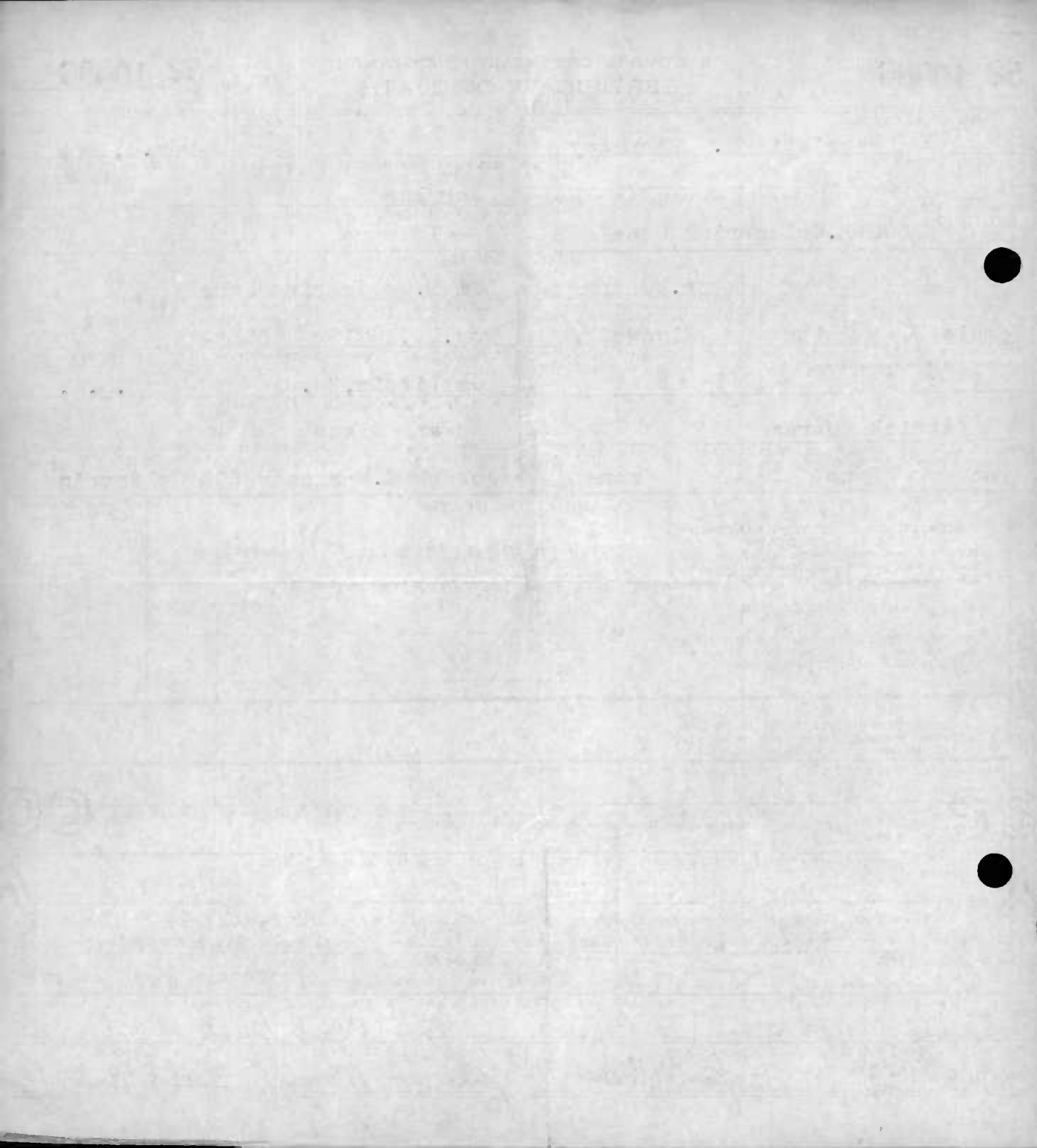
520

52 10086

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10086

1. NAME OF DECEASED (Type or Print) Harriett M. Hennessy		2. DATE OF DEATH Nov. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 506 E. Coldspring Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 27-10	
c. Length of stay in Baltimore Appr. 20 yrs		D. STREET ADDRESS (If rural, give location) 506 E. Coldspring Lane	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 18, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ? ? ?		10B. KIND OF BUSINESS OR INDUSTRY ? ? ?	9. AGE (In years last birthday) 80
13. FATHER'S NAME Patrick Burns		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
14. MOTHER'S MAIDEN NAME Susan Glass		17. INFORMANT Joseph M. Hennessy	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardio-Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21F. HOW DID INJURY OCCUR?	
20. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from July 1952 to Nov. 3, 1952 , that I last saw the deceased alive on Oct. 31, 1952 , and that death occurred at 6:45 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE William H. Rusting		23B. ADDRESS 11 E. Chase St.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/6/52	
24C. NAME OF CEMETERY OR CREMATORY St. Patrick Cemetery		24D. LOCATION (City, town, or county) (State) Blair County, Penna	
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Balto. St	



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52 10087BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10087

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
LOUIS B. MIKLES			November 3, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
			A. STATE Maryland		
5. FULL NAME OF HOSPITAL OR INSTITUTION			B. COUNTY		
Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Length of stay in Baltimore Life			Baltimore 26-11		
D. STREET ADDRESS (If rural, give location)			1225 S. Clinton Street		
6. SEX	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months	If Under 24 Hours Days
Male	Married	April 29, 1907	45		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Longshoreman		United Lines		Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		Thomas B. Mikles		Elizabeth Zeller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)		214-01-8954		Mrs. Thelma E. Mikles	
				ADDRESS S 1225 Clinton	

18. E853.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of left femur

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of pelvis

(C) Post-traumatic shock

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		United States Line		Pratt Street 22/1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
Nov. 3, 1952 2:30 P.m.				Deceased was a freight handler & fell down a hole	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED	
<i>William H. Brady</i>		M.D. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Nov. 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Nov. 7, 1952		Moreland Park	
24D. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR		ADDRESS	
Taylor Ave. Balto Md.		John A. Moran		3000 E. Balto St.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
NOV 5 - 1952		<i>Huntington Williams, M.D.</i>			

VS 151

N809.0

95 298035-0080

W207 38

WESTERN UNION
MTA 40 40 31 2 10 PM

W207 38

500
52 10088BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10088
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) SAMUEL M HANN			2. DATE OF DEATH NOV 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTIMORE (18)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.			D. STREET ADDRESS (If rural, give location) 102 W 39 ST.			12-01		
C. Length of stay in Baltimore life			5. SEX M			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.			8. DATE OF BIRTH APRIL 4 1871			9. AGE (In years last birthday) 81		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10B. KIND OF BUSINESS OR INDUSTRY Banking			11. BIRTHPLACE (State or foreign country) BALTIMORE MD		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME CHARLES HANN			14. MOTHER'S MAIDEN NAME SUZANNA MACHER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Florence B. Hann 102 W. 39th. St.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE DUE TO (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from JAN 24, 1952 to NOV 3, 1952 , that I last saw the deceased alive on NOV 3, 1952 , and that death occurred at 2:30 PM from the causes and on the date stated above.								
23A. SIGNATURE Am. Dugan			23B. ADDRESS UNION MEMORIAL HOSP			23C. DATE SIGNED NOV 3, 1952		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Nov. 5, 1952			24C. NAME OF CEMETERY OR CREMATORY Loudon Park		
24D. LOCATION (City, town, or county) Fred. Ave. Baltimore, Md.			25. FUNERAL DIRECTOR Huntington Williams, M.D.			26. ADDRESS John O. Mitchell & Sons, 1900 Eutaw Place		
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952			VS 150					

52 10089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10089

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grace V. Switzer

2. DATE
OF
DEATH

Nov. 4 '1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1735 Carswell St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hosp.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Aug. 23 '1891

9. AGE (in years
last birthday)

61

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

Hewitt

14. MOTHER'S MAIDEN NAME

!

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hm. J. Switzer, 1735 Carswell St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive cardiovascular renal disease
DUE TO anemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Oct. 31, 1952, to Nov. 4, 1952, that I last saw the deceased alive on Nov. 4, 1952, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Sze-Jui Lin

M. D.

Md. General Hosp.

Nov. 4 '1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/7/52

Western Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1952

Huntington Williams, M.D.

Hm. Cook, Inc. 1217 St. Paul St

260
52 10090BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10090
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ANNA R. WAGER		2. DATE OF DEATH 11/3/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1957 W. MULBERRY		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE 2957 W MULBERRY ST MD B. COUNTY C. CITY OR TOWN BALTIMORE 20-02 D. STREET ADDRESS (If rural, give location)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		c. Length of stay in Baltimore 10 Yrs. Mos. Days			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 11/9/1891	9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY KEEPING HOUSE		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME ? LENNARTZ		14. MOTHER'S MAIDEN NAME EMMELY WAHL		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT ADDRESS JOHN W. WAGER, 2957 W MULBERRY ST	
18. 153X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the sigmoid 1 year		CAUSE OF DEATH (A) Carcinoma of the sigmoid 1 year DUE TO (B) (C)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 7, 1946 to Mar 3, 1952 , that I last saw the deceased alive on Mar. 3, 1952 and that death occurred at 4:10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Morris W. Steinberg		23B. ADDRESS 410 N. Hilton St		23C. DATE SIGNED Mar. 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/9/52		24C. NAME OF CEMETERY OR CREMATORY Western Ceme	
24D. LOCATION (City, town, or county) (State) FARMINGTON AVE		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 6411 Winkler Mill, Rd.	

NOV 5 - 1952
VS 150

520010082

CERTIFICATE OF DEATH

W. H. W. W. W.

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-363
52 10091

CERTIFICATE CORRECTED 12/4/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10091

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>A. MAUDE WOODYARD</i>		2. DATE OF DEATH <i>11/4/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Lutheran Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Co #6</i>	
5. Length of stay in Baltimore <i>4 - Yrs. Mos. Days</i>		D. STREET ADDRESS (If rural, give location) <i>108 Leslie Ave 5300</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH <i>9/5/79</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dressmaker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Shaver Russell</i>	9. AGE (In years last birthday) <i>73</i>
13. FATHER'S NAME <i>Wm H. Woodward</i>		11. BIRTHPLACE (State or foreign country) <i>England</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Emily Adams</i>	
17. INFORMANT <i>Mr. Arthur Woodward, Hyde Rd</i>		ADDRESS	

18. *174X* CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK22. I hereby certify that I attended the deceased from *10/30*, 19*52*, to *11/4*, 19*52*, that I last saw the deceased alive on *11/3*, 19*52*, and that death occurred at *1:45* a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Burial *11/6/52* *Moreland M.P. Cem* *Balto Md*
Huntington Williams, 7401 Belair Rd

1952 090 40003

See Document File for query reply

260

52 10092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10092
Registered No.

BIRTH NO. 52124737

1. NAME OF DECEASED
(Type or Print)

Dorothy E. Casher

2. DATE
OF
DEATH

Nov. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

639 St. Lafayette Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17-02

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

639 St. Lafayette Ave.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 9, 1952

9. AGE (In years, last birthday) If Under 1 Year Months; Days If Under 24 Hours Hours Min.

26

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Archie Casher

14. MOTHER'S MAIDEN NAME

Dorothy Syer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Dorothy Casher

18. 764.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Infanile Parotitis

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Prematurity

Sub

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1952, to 11-4, 1952, that I last saw the deceased alive on 11-4, 1952, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thompson Philby

M. D.

23B. ADDRESS

558 McMechen St

23C. DATE SIGNED

11/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Laurel

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

NOV 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1631 Druid Hill Ave.

COPIES

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BOND
100% AG
U.S.A.

See Query reply in Document File

DEPARTMENT OF STATE

MAILED 11

1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10094

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1415 St. Mocher St.

C. Length of stay in Baltimore
60 yrs
Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

2. DATE
OF
DEATH

Oct. 31, 1952

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-02

D. STREET ADDRESS (If rural, give location)

1415 St. Mocher St.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

8. DATE OF BIRTH

Apr. 15, 1880

9. AGE (In years last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Prince Geo. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Theobald

14. MOTHER'S MAIDEN NAME

Carrie Larose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mary Roane

1415 St. Mocher St.

18. 170x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Left Breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Unknown Cause

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Gastritis, Myo-Carditis

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8-51, 1952, to Oct 31, 1952, that I last saw the deceased alive on 11-31-1952, and that death occurred at 9:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm R Boykin

M. D.

23B. ADDRESS

1133 N. Monroe St

23C. DATE SIGNED

11-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 5-1952

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

1631 Druid Hill Ave.

ADDRESS

Home

25 1004

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

25 1004

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth		6. Usual residence		7. Cause of death		8. Date of death		9. Time of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	

500

52 10095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10095

Registered No.

1. NAME OF DECEASED (Type or Print) MR. AARON M. COHEN		2. DATE OF DEATH 11-4-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 2-03	
Length of stay in Baltimore 51 Yrs. <input checked="" type="checkbox"/> S.		O. STREET ADDRESS (If rural, give location) 516 SOUTH BROADWAY.	
5. SEX W.	6. COLOR OR RACE W. Jewish	7. SINGLE MARRIED WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10B. KIND OF BUSINESS OR INDUSTRY STORE	9. AGE (In years last birthday) 51
13. FATHER'S NAME MAX A. COHEN		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME FRANCES A. COHEN	
17. INFORMANT I. W. COHEN		ADDRESS 845 LAKE DR.	
18. 194X CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) METASTASIS OF CARCINOMA OF THYROID DUE TO			NOV. 1951 12 MONTHS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CARCINOMA OF THYROID DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION NOV. 1951		19B. MAJOR FINDINGS OF OPERATION CARCINOMA OF THYROID	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY		21F. HOW DID INJURY OCCUR?	
21G. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 11-3-52 1952, to 11-4 1952, that I last saw the deceased alive on 11-4 1952, and that death occurred at 7:50 A. m., from the causes and on the date stated above.			
23A. SIGNATURE Dr. W. L. Lander		23B. ADDRESS Univ. Hospital	
23C. DATE SIGNED 11-4-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-5-52	
24C. NAME OF CEMETERY OR CREMATORY Arlington		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Black Lewis Inc.		ADDRESS 2100 Eutan Rd	

MEDICAL CERTIFICATION

52 10095 290640007

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

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52 10096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10096
Registered No.

1. NAME OF DECEASED (Type or Print) Steve Lewis			2. DATE OF DEATH Nov. 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes' Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 35 S. Ellwood Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-5-1901	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greece		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Andy Lewis			14. MOTHER'S MAIDEN NAME Margaret Tsigados		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Deceased			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 447 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Uremia DUE TO Anterograde chronic with hypertension	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 min ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 28, 1952** to **Nov 2, 1952** that I last saw the deceased alive on **Nov 1, 1952**, and that death occurred at **104 m.**, from the causes and on the date stated above.

23A. SIGNATURE
Robert B Taylor

23B. ADDRESS
700 Cathedral St

23C. DATE SIGNED
Nov 4-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/5/52	24C. NAME OF CEMETERY OR CREMATORY Luck Cemetery	24D. LOCATION (City, town, or county) (State) Windsor Mill Rd. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 5-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Pick Embros Inc.	ADDRESS 4406 North Ave.

25 JUL 1953

RECOMMENDATION FOR AWARD OF
OFFICIALS OF DEPARTMENT

100-100000

1. NAME (Last, First, Middle Initial)
2. GRADE
3. POSITION
4. DATE OF BIRTH
5. DATE OF DEATH
6. DATE OF SERVICE
7. DATE OF AWARD
8. DATE OF REVIEW
9. DATE OF RE-EVALUATION
10. DATE OF RE-EVALUATION

11. NAME OF AWARD
12. NAME OF AWARD
13. NAME OF AWARD
14. NAME OF AWARD
15. NAME OF AWARD
16. NAME OF AWARD
17. NAME OF AWARD
18. NAME OF AWARD
19. NAME OF AWARD
20. NAME OF AWARD

21. NAME OF AWARD
22. NAME OF AWARD
23. NAME OF AWARD
24. NAME OF AWARD
25. NAME OF AWARD
26. NAME OF AWARD
27. NAME OF AWARD
28. NAME OF AWARD
29. NAME OF AWARD
30. NAME OF AWARD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 10097

52 10097

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lewis E. Walker

2. DATE
OF
DEATH

10/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Central Police Station

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 13, 1913

9. AGE (In years last birthday)

38

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Soldier

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

8-11-44 - 4-20-46

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph M. Kassay 2301-4 Military Police

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

F.O. Bldg., Balto. Md.

INTERVAL BETWEEN ONSET AND DEATH

(A)

DUE TO

(B)

DUE TO

(C)

Asphyxia - Hanging

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Police Station

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Fayette & Falls way

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

10-18-52 10:30 m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hanged self in cell

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

10/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

10-27-52

24C. NAME OF CEMETERY OR CREMATORY

Hopewell

24D. LOCATION (City, town, or county)

Hopewell, Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

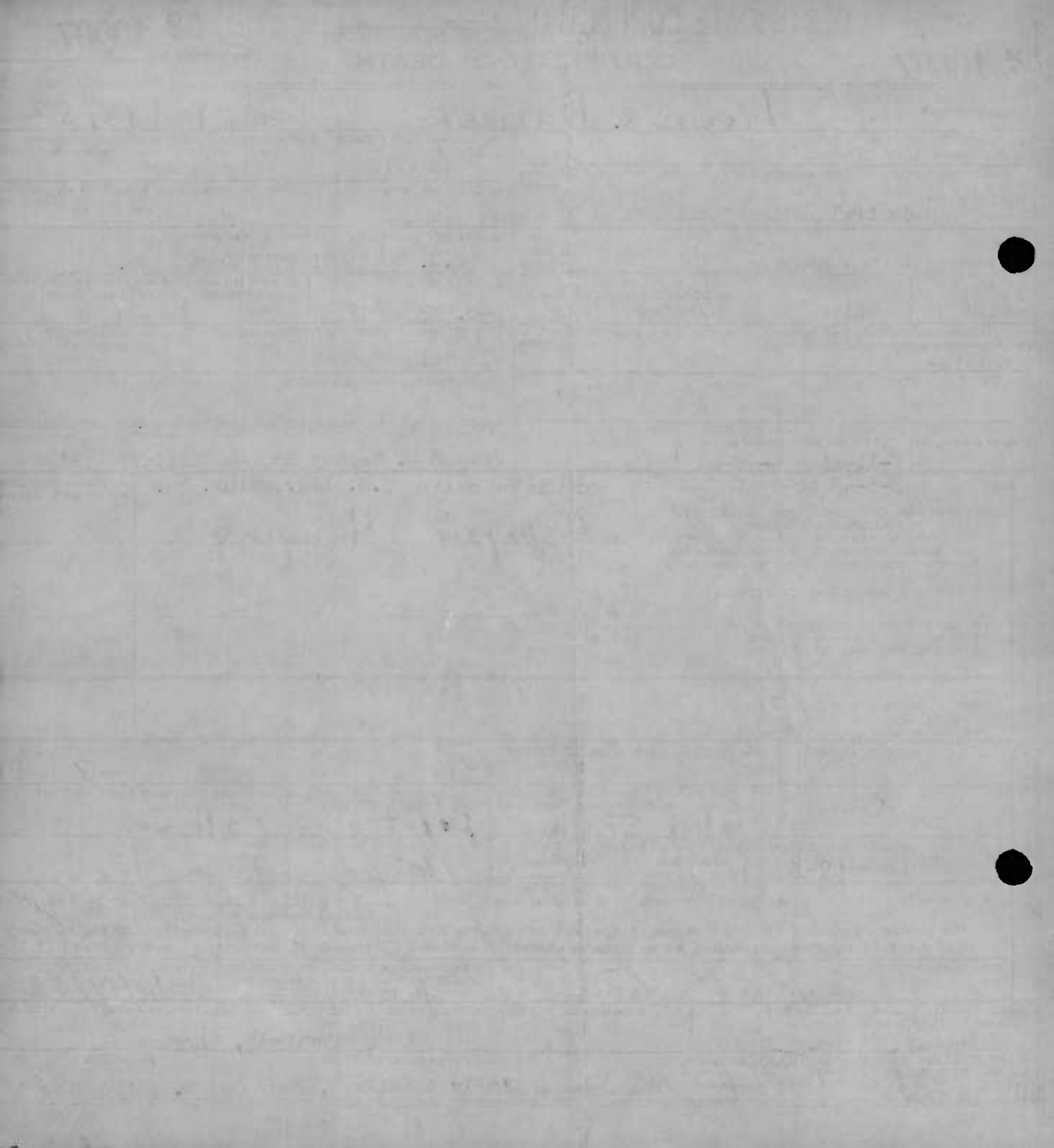
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) Mable C.V. Conway			2. DATE OF DEATH 11/1/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION 2208 Guilford Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			12-04		
C. Length of stay in Baltimore 20 Yrs.			D. STREET ADDRESS (If rural, give location) 2208 Guilford Avenue					
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 28. 1901	9. AGE (in years last birthday) 51	If Under 1 Year Months: _____ Days: _____			If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Harry Cromwell			14. MOTHER'S MAIDEN NAME Emma Cromwell					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 431X		17. INFORMANT ADDRESS Leonard M. Cromwell 2208 Guilford Ave.				
18. 431X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute Myocarditis DUE TO 3 yrs INTERVAL BETWEEN ONSET AND DEATH								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Aug 10, 1952 to Nov. 1, 1952 , that I last saw the deceased alive on Nov 1, 1952 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.								
23A. SIGNATURE Sam J. Johnson M. O.			23B. ADDRESS 301 E. 22nd St.			23C. DATE SIGNED Nov 5-52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/6/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Joy Cem.		24D. LOCATION (City, town, or county) (State) Monkton Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR W. C. Elving, 1000 Brantley Ave		ADDRESS		

52 0010093

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52 10099

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 10099

1. NAME OF DECEASED (Type or Print) Louise Couch		2. DATE OF DEATH NOV 2 - 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 6-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 42 Yrs.		D. STREET ADDRESS (If rural, give location) 1819 Jefferson St	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 11 1889
9. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 63	
10. B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James Aberans		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 442X and 260X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive Cardiovascular Renal disease		at least 14 yrs	
ANTECEDENT CAUSES		(B) Chronic pyelonephritis + hydronephrosis Right		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Uteropelvic structure		?	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes Mellitus		at least 14 yrs	
---	--	--------------------------	--	------------------------	--

19A. DATE OF OPERATION 11-2-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-17-** 1952 to **11-2-** 1952, that I last saw the deceased alive on **11-2-** 1952 and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Thomas R. Hendrix		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11/6/52	
---	--	--	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/6/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
				24D. LOCATION (City, town, or county) (State) Brooklyn Md.	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Thurston Williams		25. FUNERAL DIRECTOR Elroy O. Wilson	
				ADDRESS 1000 Brantly	

9520010091

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

WESTMINSTER CITY HEALTH DEPARTMENT

25-1001

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
JAMES H. HARRIS		45		M		W		10-15-1875		NEW YORK	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		DATE OF DEATH		PLACE OF DEATH	
1234 MAIN ST.		CLOCK REPAIRER		HEART DISEASE		NATURAL		10-25-1920		NEW YORK	
FAMILY PHYSICIAN		ATTENDING PHYSICIAN		CORONER		BURIAL		DATE OF BURIAL		PLACE OF BURIAL	
DR. J. H. HARRIS		DR. J. H. HARRIS		J. H. HARRIS		CATHOLIC		10-26-1920		NEW YORK	
FAMILY PHYSICIAN		ATTENDING PHYSICIAN		CORONER		BURIAL		DATE OF BURIAL		PLACE OF BURIAL	
DR. J. H. HARRIS		DR. J. H. HARRIS		J. H. HARRIS		CATHOLIC		10-26-1920		NEW YORK	

636
52 10100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10100
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY CARTER

2. DATE
OF
DEATH

11-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION

Johns Hopkins Hosp.

Yrs.
Mos.
Days

Length of stay in Baltimore 22 Yrs.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

416 North Wolfe Street

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 17, 1904

9. AGE (In years last birthday)

48

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Richmond Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Norris

14. MOTHER'S MAIDEN NAME

Willie Ann Nickens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Burligh Carter 416 N. Wolfe St

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

INTESTINAL OBSTRUCTION DUE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

TO RETROPERITONEAL HEMORRHAGE

DUE TO

(C)

DUE TO FRACTURED PELVIS

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

6600 Block Belair Rd 2715

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Oct. 16, 1952 3:45 AM

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by auto - (pedestrian)

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED 11-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/5/1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Arbutus Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

11-5-52

REGISTRAR'S SIGNATURE

Huntington

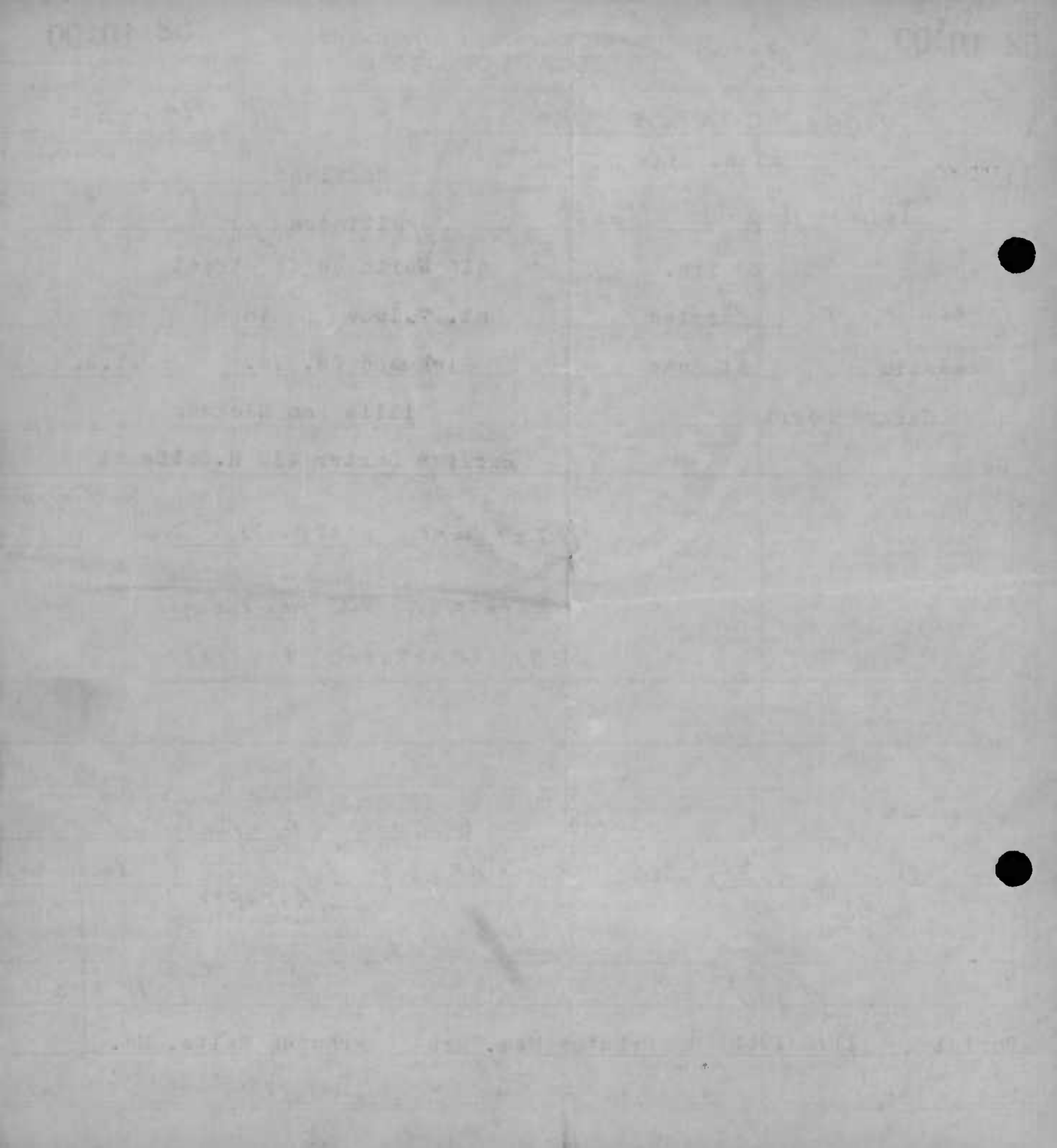
25. FUNERAL DIRECTOR

Elmer O. Wilson 1001 Bunting Ave

ADDRESS

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650
52 10101BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 10101

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Margaret Parran			2. DATE OF DEATH 11/1/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2000 McCulloh Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 2000 McCulloh Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/14/1952	9. AGE (In years last birthday) 54	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Hill			14. MOTHER'S MAIDEN NAME Elizabeth Trotter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS John Parran 2000 McCulloh St		

18. 175X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Ovary DUE TO malnutrition		CAUSE OF DEATH Carcinoma of Ovary malnutrition	INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/4/52 , 19____, to 11/1/52 , 19____, that I last saw the deceased alive on 11/1/52 , 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 253 [Address]		23C. DATE SIGNED 11/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/5/1952		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Huntington Williams, M. Elroy O. Wilson, 1414 Bland St		24F. ADDRESS [Address]	

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52 10102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10102

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rosina (Rosie) Scott Handy			2. DATE OF DEATH Nov. 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 752 George Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE Life			D. STREET ADDRESS (If rural, give location) 752 George Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 30, 1889	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At Home		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Grenbury Scott			14. MOTHER'S MAIDEN NAME Annie E. Scott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Walter J. Handy			ADDRESS 752 George St		

18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral thromboses	CAUSE OF DEATH (A) Cerebral thromboses DUE TO (B) Arteriosclerosis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/1/52**, 19**52**, to **11/2/52**, 19**52**, that I last saw the deceased alive on **11/2/52**, 19**52**, and that death occurred at **4:00** m., from the causes and on the date stated above.

23A. SIGNATURE W. G. Cameron	23B. ADDRESS 253	23C. DATE SIGNED 11/5/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/5/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore
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DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elroy O. Wilson	ADDRESS 1000 Brinkley ave
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VS 150

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MEDICAL CERTIFICATION

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52 10103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10103

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA LAURA KUNKEL

2. DATE
OF
DEATH

11-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

503 East 28th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

503 East 28th Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1876

9. AGE (In years
last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(?) Wallace

14. MOTHER'S MAIDEN NAME

Adeline Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mr. Lawrence Kunkel

1B. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocarditis

DUE TO

unknown

ANTECEDENT CAUSES

(B) Arteriosclerosis

DUE TO

unknown

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Rheumatic Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8/25/1952, to Nov. 3, 1952, that I last saw the
deceased alive on 11/1/1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-6-52

Holy Redeemer

City

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

11-5-1952

Huntington Wm.

WIEDEFELD & SON

GREENMOUNT AVE & 22ND

VS 150

MEDICAL CERTIFICATION

10/01/90

10/01/90



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10104
Registered No.

1. NAME OF DECEASED (Type or Print) Estella Brown		2. DATE OF DEATH November 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 879 W. Fayette St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 879 W. Fayette St.	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 10, 1902
			9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wheatley Reed		14. MOTHER'S MAIDEN NAME Rachel Chesley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT none		ADDRESS Mildred Williams 1155 N. Mount St.	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardi (B) DUE TO		
vascular renal disease (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 15, 1952 to Nov 3, 1952 that I last saw the deceased alive on Nov 3, 1952 , and that death occurred at 7:00pm. , from the causes and on the date stated above.					
23A. SIGNATURE M. E. ...		23B. ADDRESS 805 ...		23C. DATE SIGNED 11-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/6/52		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
				24D. LOCATION (City, town, or county) (State) Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Geo. G. Kelson 1203 Presstman St.	
				ADDRESS	

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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52 10105BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10105

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRED W. HIPPLER

2. DATE
OF
DEATH

Nov. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write "UNINCORPORATED" and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2202 Bryant Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 15, 1882

9. AGE (In years
last birthday)

70

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesclerk

10B. KIND OF BUSINESS OR
INDUSTRY

Sporting Goods

11. BIRTHPLACE (State or foreign country)

-

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hippler

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Madeline Hippler- 2202 Bryant Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension Cardiac Deconditioning

3 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948 to Oct 18, 1952 that I last saw the
deceased alive on Oct 18, 1952, and that death occurred at 8 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/5/52

Western Cem.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

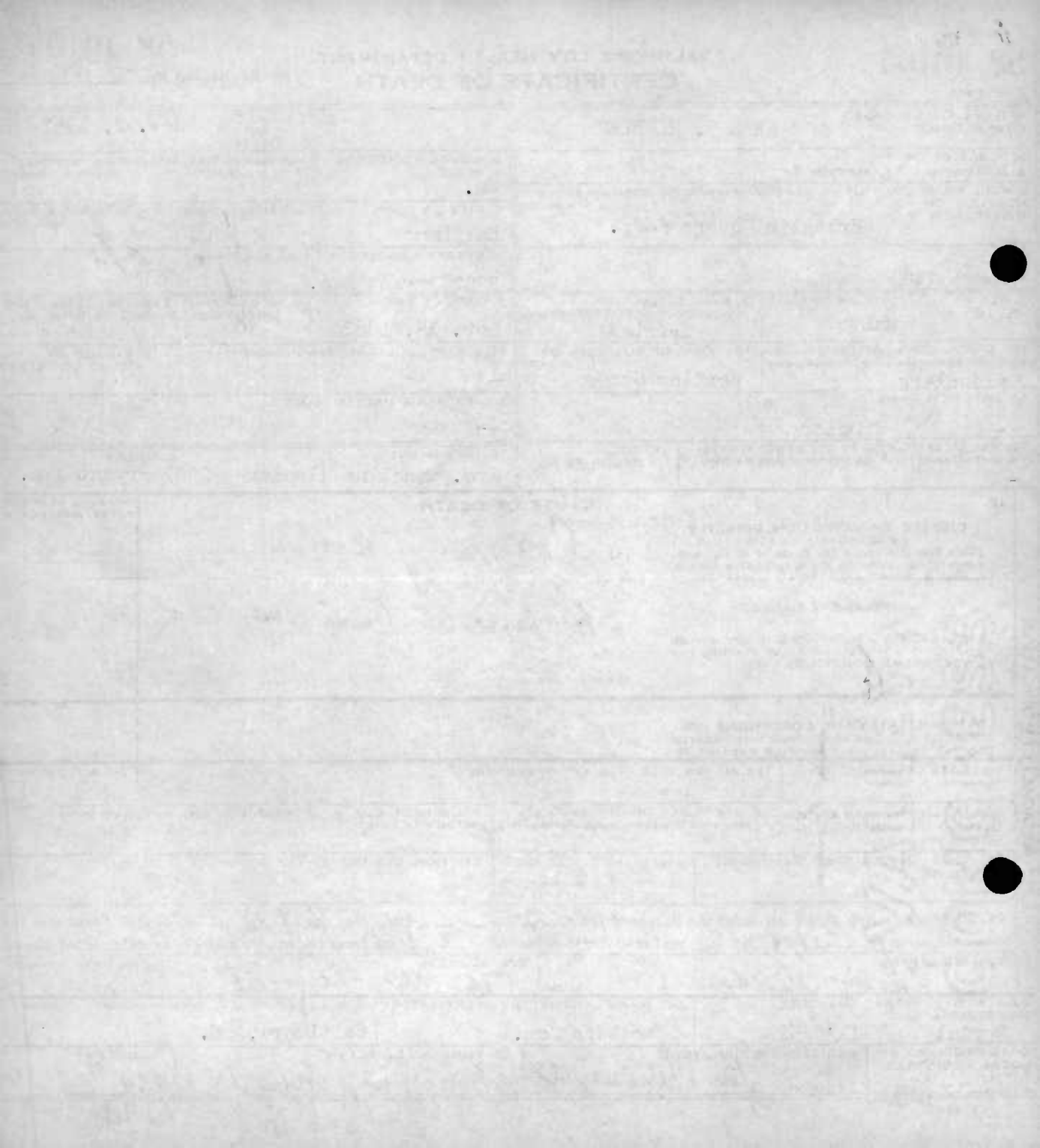
25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1952

Huntington Williams, M.D. 2100 E. 17th St. S. Baltimore, Md.

VS 150



536
52-10106BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-10106

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles F. Hemmeter

2. DATE
OF
DEATH Nov. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3629 Liberty Heights Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3629 Liberty Hgts. Ave.

8. DATE OF BIRTH

Jan. 24, 1882

9. AGE (In years
last birthday)

70

If Under 1 Year
Months DaysIf Under 24 hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Banking

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Christopher Hemmeter

14. MOTHER'S MAIDEN NAME

Caroline Weismiller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Ave.

Mrs. Agathe S. Hemmeter-3629 Liberty Hgts.

18. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.old posterior myocardial infarction
chronic heart - generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1949 to Nov 2, 1952, that I last saw the
deceased alive on Nov 2, 1952, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/5/52

St. Paul's Church

Violetville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

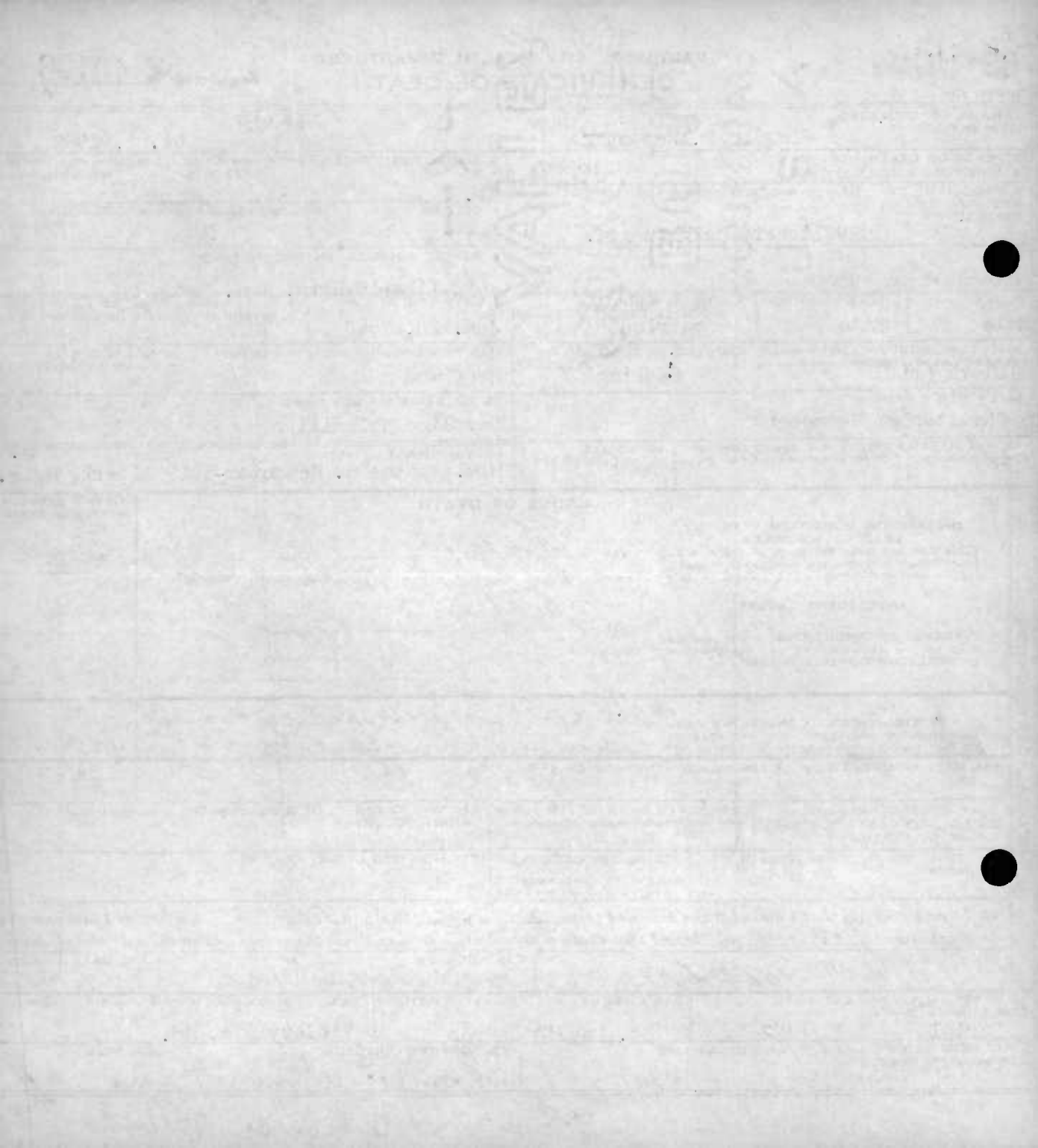
ADDRESS

NOV 3 - 1952

Huntington Williams, Jr.

26m. J. Pickner & Sons

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10107

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SUSAN M. ADAMS

2. DATE
OF
DEATH November 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

946 Ashland Court

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

946 Ashland Court

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Nov. 17, 1860

9. AGE (In years
last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

hat maker

10B. KIND OF BUSINESS OR
INDUSTRY

Hat Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George W. Adams

14. MOTHER'S MAIDEN NAME

Sarah Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none17. INFORMANT ADDRESS
Mrs. Lois Lucas-3300 Leverton Rd.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/6/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

M. J. Pickney & Sons

ADDRESS

Balto 17 Md

VS 151

Mr. J. Dickerson
1845-1846

452
52 10108
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10108

1. NAME OF DECEASED (Type or Print) ESTELLE N. WILLIAMS				2. DATE OF DEATH Nov. 1, 1952				
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY 26-01				
b. FULL NAME OF (If not in hospital or institution, give street address or location) 4311 Willshire Ave.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
c. Length of stay in Baltimore Yrs. Mos. Days				d. STREET ADDRESS (If rural, give location) 4311 Willshire Ave.				
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 22, 1876		9. AGE (In years last birthday) 76	11 Under 1 Year Months: Days	11 Under 24 Hours Hours: Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME - Morris				14. MOTHER'S MAIDEN NAME Dorothy Seates				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Mrs. Ernest Weaver-4311 Willshire Ave.				
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage (A) DUE TO Anteriosclerotic Cardio-vascular disease (B) DUE TO (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH				
19a. DATE OF OPERATION 0				19b. MAJOR FINDINGS OF OPERATION				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from June , 19 46 , to Nov. 1 , 19 52 , that I last saw the deceased alive on Oct 31, 1952 , and that death occurred at 3:15 PM , from the causes and on the date stated above.								
23a. SIGNATURE J. B. Williams				23b. ADDRESS 3400 E. Duman Ave		23c. DATE SIGNED 11/4/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/4/52		24c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24d. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Wm. J. Tichener & Sons		ADDRESS Balto 17, Md.		

MEDICAL CERTIFICATION

9520010100

30.01.53

STATE OF NEW YORK
CERTIFICATE OF DEATH

1953

DECEASED



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10109
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BEULAH OLGA Timmons			2. DATE OF DEATH 4 Nov 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland. b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 46 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1121 E. Belvedere Ave #12		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7 JAN 1906	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher-		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME J. Harvey Timmons			14. MOTHER'S MAIDEN NAME Beulah Grothaus		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mr. J. Harvey Timmons: 3431 A		

18. **199.1** CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Generalized abdominal carcinomatosis (origin unknown)**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION **0** 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3 Sept, 1952** to **4 Nov, 1952**, that I last saw the deceased alive on **4 Nov, 1952**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Thos. A. S. Money Jr.** M. D. 23b. ADDRESS 23c. DATE SIGNED **Nov 4, 1952**

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/6/52	24c. NAME OF CEMETERY OR CREMATORY Lake Lawn Cem	24d. LOCATION (City, town, or county) (State) Balto Co.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 5-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Vickers & Sons	ADDRESS 0938V 010 Balto 17 Md.
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435
52 10110BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10110

1. NAME OF DECEASED (Type or Print) Mrs. Bessie Kaltenbach		2. DATE OF DEATH 11/5/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 13-02	
D. STREET ADDRESS (If rural, give location) 1936 Mt. Royal Terrace Balto. 17		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 11/7/84
9. AGE (In years last birthday) 67		10. UNDER 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Schott		14. MOTHER'S MAIDEN NAME Margaret Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Catherine Ann Kaltenbach		ADDRESS Same	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE MYOCARDIAL INFARCTION DUE TO CORONARY THROMBOSIS - ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. AURICULAR FIBILLATION -	CAUSE OF DEATH ACUTE MYOCARDIAL INFARCTION CORONARY THROMBOSIS - AURICULAR FIBILLATION -	INTERVAL BETWEEN ONSET AND DEATH 1 MO.
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/23/52, to 11/5/52, that I last saw the deceased alive on 11/3/52, and that death occurred at 2:40 A.M., from the causes and on the date stated above.					
23A. SIGNATURE John E. Carroll Jr.		23B. ADDRESS Bon Secours		23C. DATE SIGNED 11/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/8/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24F. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FEDERAL DIRECTOR'S SIGNATURE J. V. Vickner & Sons	

520010102

Balto Md.

CHOW SE

CHOW SE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 10141

BIRTH NO. 52-23408

1. NAME OF DECEASED (Type or Print) <u>Bally Guil Gordon</u>		2. DATE OF DEATH <u>10/2/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Balto</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Univ. Hospitals</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore Yrs. <u> </u> Mos. <u> </u> Days <u> </u>		D. STREET ADDRESS (If rural, give location) <u>1135 Ashburton St.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>10/1/52</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>16-07</u>
11. BIRTHPLACE (State or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>4 49</u>	
13. FATHER'S NAME <u>Louis Elmer Gordon</u>		14. MOTHER'S MAIDEN NAME <u>Kath Ruth Miller</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	

18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia</u> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>10/2/52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>10/1/52</u> 19 <u>52</u> , to <u>10/2/52</u> 19 <u>52</u> , that I last saw the deceased alive on <u>10/2</u> 19 <u>52</u> and that death occurred at <u>3:30</u> a.m., from the causes and on the date stated above.				
23A. SIGNATURE <u>[Signature]</u>	M. D. <u>[Signature]</u>	23B. ADDRESS <u>Baltimore Md</u>	23C. DATE SIGNED <u>10/4/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>Forest Burial</u>	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 5-1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS		

52-23408

NAME OF DECEASED <i>John Doe</i>		DATE OF DEATH <i>10/1/52</i>	
AGE <i>45</i>		SEX <i>M</i>	
PLACE OF BIRTH <i>New York City</i>		DATE OF BIRTH <i>10/1/07</i>	
OCCUPATION <i>Teacher</i>		CAUSE OF DEATH <i>Heart Disease</i>	
PLACE OF DEATH <i>Home</i>		MANNER OF DEATH <i>Natural</i>	
SIGNATURE OF DECEASED <i>John Doe</i>		SIGNATURE OF WITNESS <i>John Doe</i>	
SIGNATURE OF PHYSICIAN <i>John Doe</i>		SIGNATURE OF CORONER <i>John Doe</i>	
SIGNATURE OF JURY <i>John Doe</i>		SIGNATURE OF JUDGE <i>John Doe</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10142**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Willem

2. DATE
OF
DEATH

November 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Lutheran Hospital*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore City*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR *Lutheran Hospital*
INSTITUTION *430 Ashburton Str. Baltimore Md.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

3505 Rose Kemp Ave

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

widowed

8. DATE OF BIRTH

September 20, 1894

9. AGE (In years last birthday)

58

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired - sheet metal worker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *Hospital records* ADDRESS *Baltimore Md. Lutheran Hospital, 730 Ashburton Str.*

18. *199.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *decompensation of arteriosclerotic heart-disease*

INTERVAL BETWEEN ONSET AND DEATH

one day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *intestinal obstruction*

one day

(C) *intraabdominal carcinomatosis*

one year

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *November 2, 1952* to *November 3, 1952* that I last saw the deceased alive on *November 3, 1952*, and that death occurred at *105 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Rudolph M. Zander M.D., assistant resident Lutheran Hospital Baltimore Maryland

23B. ADDRESS

23C. DATE SIGNED

11-3-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/6/52

Baltimore

Baltimore Md

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

J. Kuck

5305 Maryland Rd

VS 150

MEDICAL CERTIFICATION

10-10-1918

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10-10-1918

Name of Deceased		Age		Sex	
John Doe		35		Male	
Residence		Occupation		Cause of Death	
123 Main St		Teacher		Pneumonia	
Date of Death		Place of Death		Time of Death	
Oct 10, 1918		Home		10:00 AM	
Physician		Burial Place		Signature of Physician	
Dr. Smith		St. Mary's		[Signature]	
Witness		Signature of Witness		Signature of Registrar	
[Signature]		[Signature]		[Signature]	

600
52 10113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10113

1. NAME OF DECEASED (Type or Print) HENRY J. MOHR			2. DATE OF DEATH Nov. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. LENGTH OF STAY IN BALTIMORE life			D. STREET ADDRESS (If rural, give location) 1 Lyndale Avenue - 6		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10 - 1902		9. AGE (In years last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR			10B. KIND OF BUSINESS OR INDUSTRY CONTRACTOR		11. BIRTHPLACE (State or foreign country) Baltimore Co - Md
13. FATHER'S NAME JAMES B. MOHR			14. MOTHER'S MAIDEN NAME ANNA HART		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT MRS. THERESA MOHR			ADDRESS 1 Lyndale		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident DUE TO Hypertensive cardio vascular disease		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov. 1st, 1952 , to Nov. 4th, 1952 , that I last saw the deceased alive on Nov. 4th 1952 , and that death occurred at 9:43pm. , from the causes and on the date stated above.				
23A. SIGNATURE Carlo Torno		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED Nov. 4, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/8/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) Balto Md	(State)
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		25. FUNERAL DIRECTOR Huntington Williams M. J. Ruck ADDRESS 5305 Hayford Rd		

11113

11113



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10144
Registered No.

AB-46593
52 10144
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Benjamin Oliver Caswell			2. DATE OF DEATH Nov. 2-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4006 Ridgcroft Road		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9-1878		9. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert George CASWELL			14. MOTHER'S MAIDEN NAME Georgia Anna Virginia Dice		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Esophagus & Stomach		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO Post-Operative - Gangrene of the Jejunum		
(B) DUE TO		
C. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Oct. 17-1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach and Esophagus		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-19- , 19 52 , to 11-2- , 19 52 , that I last saw the deceased alive on 11-2- , 19 52 , and that death occurred at 9 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED Nov. 3-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-5-52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem	
24D. LOCATION (City, town, or county) (State) BALTO Md		24E. NAME OF CEMETERY OR CREMATORY Parkwood Cem		24F. LOCATION (City, town, or county) (State) BALTO Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR J. Ruck	
				ADDRESS 5305 Harford Rd	

5 51024 0100

MEDICAL CERTIFICATION

BALTIMORE AND HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-2-1923

Nov. 2-1923

James Oliver Brown

Residence

Birthplace

Age

Sex

Color

Occupation

Married to

Married to

Married to

CAUSE OF DEATH

Heart failure

Heart failure

Heart failure

Heart failure

Heart failure

Heart failure

Heart failure

Heart failure

Heart failure

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10145

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BEATRICE LESSANE			2. DATE OF DEATH October 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 625 W. Fayette Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH	9. AGE (In years last birthday) 26	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Whitesville, N.C		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Booker T. Wilson			14. MOTHER'S MAIDEN NAME Thersea ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Nero Lessane-625 W. Fayette St		

18. E 954X and 251X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cardiac arrest during anesthesia		
ANTECEDENT CAUSES	(B) Non-toxic nodular goiter		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Massive hemorrhage into right lobe of thyroid		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) University Hospital	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Redwood and Greene Streets
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY October 28, 1952	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Cardiac arrest during anesthesia

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **William V. Brown** M.D. 23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED **Oct. 31, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24B. DATE **II/5/52** 24C. NAME OF CEMETERY OR CREMATORY **Chadbourne** 24D. LOCATION (City, town, or county) (State) **North Carolina**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 5-1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Isaac L. Brown** ADDRESS **10801 Montgomery St**

[Faint, illegible text throughout the page, likely bleed-through from the reverse side. The text is mirrored and difficult to decipher.]

<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">534</div> <div style="font-size: 1.2em; font-weight: bold;">BIRTH NO. 52 10146</div> <div style="font-size: 1.2em; font-weight: bold;">62-02825</div>		<div style="font-weight: bold;">BALTIMORE CITY HEALTH DEPARTMENT</div> <div style="font-weight: bold;">CERTIFICATE OF DEATH</div>		<div style="font-size: 1.2em; font-weight: bold;">Registered No. 52 10146</div>	
1. NAME OF DECEASED (Type or Print) Raymond Eugene Wantland			2. DATE OF DEATH Nov 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 18 9-04		
c. Length of stay in Baltimore 9 months 2 days. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 706 E. 30th St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 3, 1952		9. AGE (In years last birthday) 9 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Albert Eugene Wantland			14. MOTHER'S MAIDEN NAME Jo Ann Nicola		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS ALBERT E. WANTLAND, 706 EAST 30TH ST.		
18. 752X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hydrocephalus (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (B) DUE TO (C)					INTERVAL BETWEEN ONSET AND DEATH 9 mo. 2 days
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 30, 1952 , to Nov 5, 1952 , that I last saw the deceased alive on Nov 5, 1952 , and that death occurred at 5:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Albert E. Osseman, Jr.		23B. ADDRESS 2800 E. Chase St. Balto 13 Md.		23C. DATE SIGNED 11-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/6/52	24C. NAME OF CEMETERY OR CREMATORY ST. MARY'S, HAMPTON		24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR NOV 5-1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Wm Cook, Inc. 1217 ST. PAUL STREET		
VS 150					

530
52 10147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10147

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH SMITH

2. DATE
OF
DEATH

NOV. 5 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

GARRISON NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

and.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

307 P. Maple Road

c. Length of stay in Baltimore

4

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or, if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

William N. Cannon

14. MOTHER'S MAIDEN NAME

Sarah Batterfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Glendora Nichols 307 P. Maple Rd. Luthersville, Md.

18. 334X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertension

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Left Hemiplegia

DUE TO

(C)

Acute dilatation Heart

INTERVAL BETWEEN
ONSET AND DEATH

month

3 days

1 hour

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 3 1952 to Nov 5, 1952, that I last saw the
deceased alive on Nov 5, 1952, and that death occurred at 10:22 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 5 - 1952

Huntington Williams, M.D.

J. Virgil Mooreham, Denton, Md.

1000

1000

1000

1000



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10148**

356
52 10148
BIRTH NO.

1. NAME OF DECEASED (Type or Print) PHYLLIS WADNER		2. DATE OF DEATH November 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location) 419 Crane Highway		5. SEX Female 6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug 30 - 41	
9. AGE (In years last birthday) 11		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School	
11. BIRTHPLACE (State or foreign country) A A Co Ind		12. CITIZEN OF WHAT COUNTRY? 2	
13. FATHER'S NAME Walter L. Wagner		14. MOTHER'S MAIDEN NAME Blanche S Wagner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMATION ADDRESS Walter Wagner		18. E 812.4	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Rupture of liver and spleen with massive peritoneal hemorrhage**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Ritchie Highway, Pasadena, Maryland	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 4, 1952 10:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by an automobile	

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William L. ...		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov 8-52		24C. NAME OF CEMETERY OR CREMATORY Wash Blvd	
24D. LOCATION (City, town, or county) (State) Bethesda Md		25. FUNERAL DIRECTOR ADDRESS Burned A. ...			

DATE RECEIVED BY LOCAL REGISTRAR **NOV 5 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams, Jr** VS 151 **N 864.2**

MEDICAL CERTIFICATION

80-183

RECEIVED
FEB 10 1963

80-183

RECEIVED

635
52 10152 - 164687BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10152
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Walter Fordney		2. DATE OF DEATH 11-4-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		O. STREET ADDRESS (If rural, give location) 106 Williams Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22 1881	9. AGE (In years last birthday) 71	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY U S Army Retired		11. BIRTHPLACE (State or foreign country) Pa.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Charles Fordney		14. MOTHER'S MAIDEN NAME Alto Mary Stabelford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction CAUSE OF DEATH Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 1 hr.					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-4-52 , 19__, to 11-4-52 , 19__, that I last saw the deceased alive on 11-4-52 , 19__, and that death occurred at 7.05 PM , from the causes and on the date stated above.					
23A. SIGNATURE H. P. Johns Doe		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 11-4-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 7/52		24C. NAME OF CEMETERY OR CREMATORY National Cem	
24D. LOCATION (City, town, or county) Balt		24E. (State) Balt			
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Willard Funeral Home 2112 Dundalk Ave	

CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10120
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) VINCENZO GALOSI			2. DATE OF DEATH Nov. 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3711 E. Pratt St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 40 yrs. Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3711 E. Pratt St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 22, 1896		9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press operator		10B. KIND OF BUSINESS OR INDUSTRY Enamel stamping.	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Nagarene Galosi			14. MOTHER'S MAIDEN NAME Angelena ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Nicholas Vallerani 361 S. Bonsal St. 24		

18. 180X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Tumor of rt. kidney DUE TO metastasis to the spine probably Ca. (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH July 19 to Nov. 3-1952
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from _____ 19____, to Nov 3, 1952 , that I last saw the deceased alive on 10-28, 1952 , and that death occurred at 100 m., from the causes and on the date stated above.					
23A. SIGNATURE Fred. Puzich		23B. ADDRESS 200 N. Patterson Ave		23C. DATE SIGNED 11-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/6/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (State) _____			
DATE RECEIVED BY LOCAL REGISTRAR NOV 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.	

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TRANSMISSIONS AND RECORDS

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G-400
52 10121BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10121
Registered No.

BIRTH NO.			2. DATE OF DEATH Nov. 3, 1952		
1. NAME OF DECEASED (Type or Print) Annie E. Gill					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 504 S. Smallwood St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 504 S. Smallwood St.			Yrs. Mos. Days		
5. SEX F			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH June 28, 1901		
9. AGE (In years last birthday) 51			10. Under 1 Year Months: Days		
11. Under 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY?		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		
13. FATHER'S NAME James S. Chaney			14. MOTHER'S MAIDEN NAME Annie R. Gorsuch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT			ADDRESS		
Howard E. Gill			504 S. Smallwood St.		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Coronary Thrombosis	DUE TO	12 months
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Rheumatic Heart Disease	15 years
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1937, 19, to Nov 3, 1952, that I last saw the deceased alive on Nov. 2, 1952, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE Horrold B. Kreibitz M. D.	23B. ADDRESS 54 S. Fulton Ave	23C. DATE SIGNED 11-4-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore
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DATE RECEIVED BY LOCAL REGISTRAR NOV 5-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Fred. A. Cole, 1913 W. Baltimore	ADDRESS
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STATE OF NEW YORK

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R-453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10122

52 10122

1. NAME OF DECEASED (Type or Print) <u>James Woodal Ryland</u>		2. DATE OF DEATH <u>Nov. 5, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Queen Anne's</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>5311 Kenilworth Ave.,</u>		C. CITY OR TOWN <u>Crumpton</u> D. STREET ADDRESS (If rural, give location)	
6. Length of stay in Baltimore <u>1-</u> Yrs. <u>1</u> Mos. <u>0</u> Days		8. DATE OF BIRTH	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	9. AGE (In years last birthday) <u>85</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Ashbury Ryland</u>		14. MOTHER'S MAIDEN NAME <u>Mary E. Woodall</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Howard Ryland</u>		ADDRESS <u>Centerville, Md.</u>	
18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Cerebral Sc/rosis</u>		<u>2 yrs.</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept. 1952</u> to <u>Nov. 1952</u> , that I last saw the deceased alive on <u>Oct. 20, 1952</u> , and that death occurred at <u>6 A.M.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Wm. H. Kammer, Jr.</u> M. D.		23B. ADDRESS <u>501 Sheldon Ave.</u>	
23C. DATE SIGNED <u>Nov 5, 1952</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11-8-1952</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Crumpton</u>		24D. LOCATION (City, town, or county) (State) <u>Crumpton (Queen Annes Co. Md.)</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 5 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>Edgar L. Lane</u>		ADDRESS <u>Church Hill, Md.</u>	

52 20010114

617 W. 40th.

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52 10128
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10128
Registered No.

1. NAME OF DECEASED (Type or Print) MRS. ANN BISHOP WOOLLEY		2. DATE OF DEATH 11/5/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 10-01	
5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 819 E. CHASE ST #2	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH
9. AGE (In years last birthday) 58		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (State or foreign country) BALTO. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE BISHOP		14. MOTHER'S MAIDEN NAME SUSAN HAGERTY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT W.L. Bishop		ADDRESS BELLONA AVE	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) cerebral/vascular accident		DUE TO		3 days	
(B) hypertensive vascular disease		DUE TO		10 yrs.	
(C)		DUE TO			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 11/3/52		19B. MAJOR FINDINGS OF OPERATION NORMAL VENTRICULAR SYSTEM (CEREBRAL)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11/2**, 19**52**, to **11/5**, 19**52**, that I last saw the deceased alive on **11/4**, 19**52**, and that death occurred at **6:40** Am., from the causes and on the date stated above.

23A. SIGNATURE H. H. Fanning		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 11/5/52	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 8, 1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery Baltimore Md		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Edmund W. Conklin		ADDRESS 5444 Belair Rd	

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DATE OF BIRTH 1940

83201 S

1. NAME: [illegible]
2. DATE OF BIRTH: [illegible]
3. PLACE OF BIRTH: [illegible]
4. SEX: [illegible]
5. RELIGION: [illegible]
6. OCCUPATION: [illegible]
7. EDUCATION: [illegible]
8. MARITAL STATUS: [illegible]
9. NUMBER OF CHILDREN: [illegible]
10. ADDRESS: [illegible]
11. TELEPHONE: [illegible]
12. SIGNATURE: [illegible]
13. DATE: [illegible]

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52 10124
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10124

1. NAME OF DECEASED (Type or Print) JOHN E. Mc GRAW		2. DATE OF DEATH NOV. 1-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 629 W. Franklin St.	
5. SEX MALE	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH OCT. 2 1923
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Hauling S.C.	9. AGE (In years last birthday) 29 If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) Wilmington S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Mc. Graw		14. MOTHER'S MAIDEN NAME Louise Moore S.C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John Mc Graw		ADDRESS 629 W. Franklin	

18. E981X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

BULLET WOUND IN

DUE TO

ANTECEDENT CAUSES

(B)

HEART.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)
Wilmington S.C.DATE RECEIVED BY LOCAL REGISTRAR
NOV 6 - 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. Jackson**916 Penna Ave
Baltimore, Md.**

11-8-25

John H. Johnson
Biltmore
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MLB. 164250

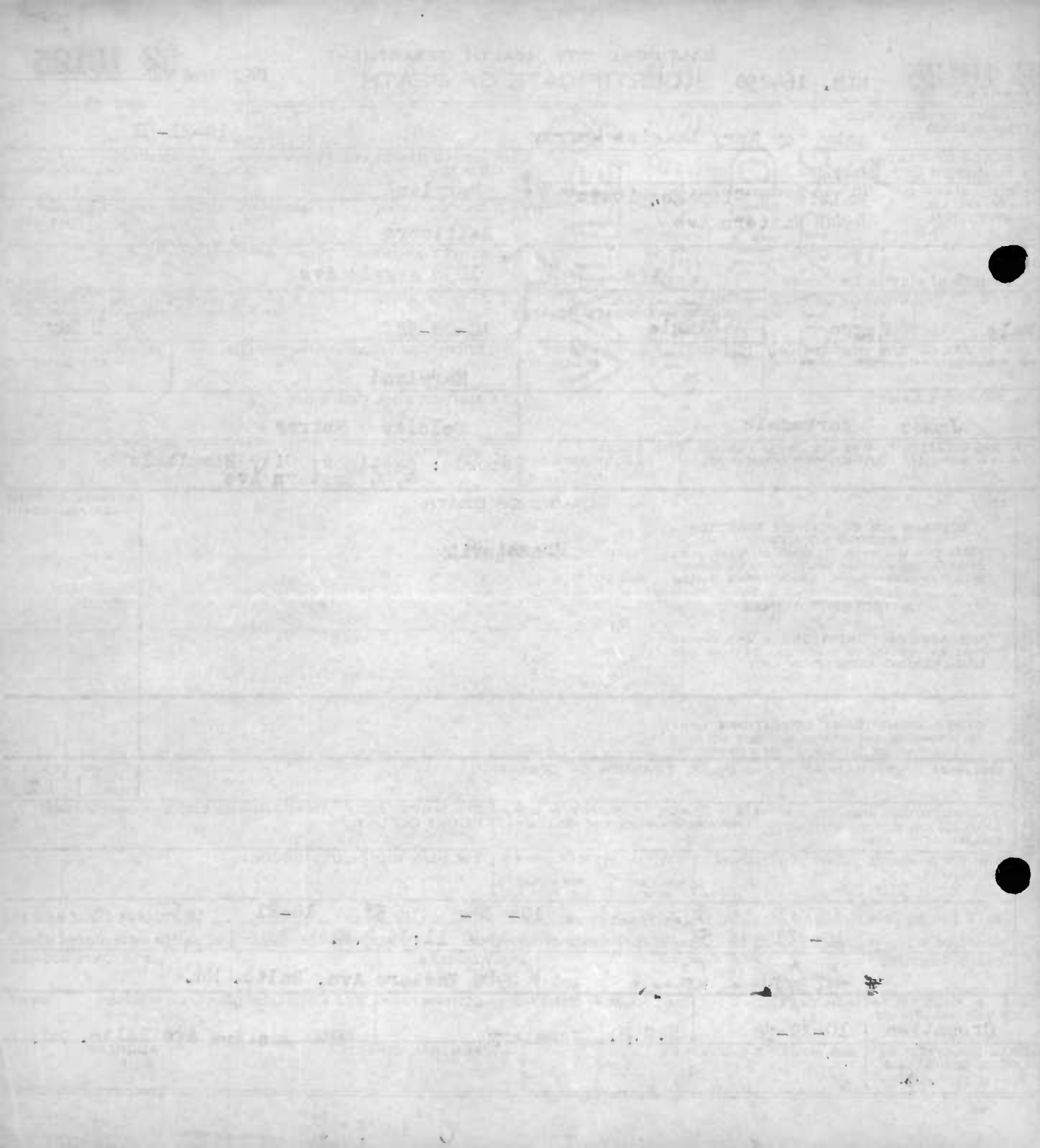
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 10125

1. NAME OF DECEASED (Type or Print) Baby Boy Mary Deloise Murray		2. DATE OF DEATH 10-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1038 Argyle Ave	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-20-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 1 Day	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James Barksdale		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Deloise Murray	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave	
18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-20- , 19 52 to 10-21 , 19 52 , that I last saw the deceased alive on 10-21 , 19 52 , and that death occurred at 11:05 P.M. the causes and on the date stated above.			
23A. SIGNATURE Dr. John B...		23B. ADDRESS 4940 Eastern Ave. Balto. Md.	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 10-29-52	24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR ADDRESS			

MEDICAL CERTIFICATION

520210117



416
52 10126BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10126
Registered No.

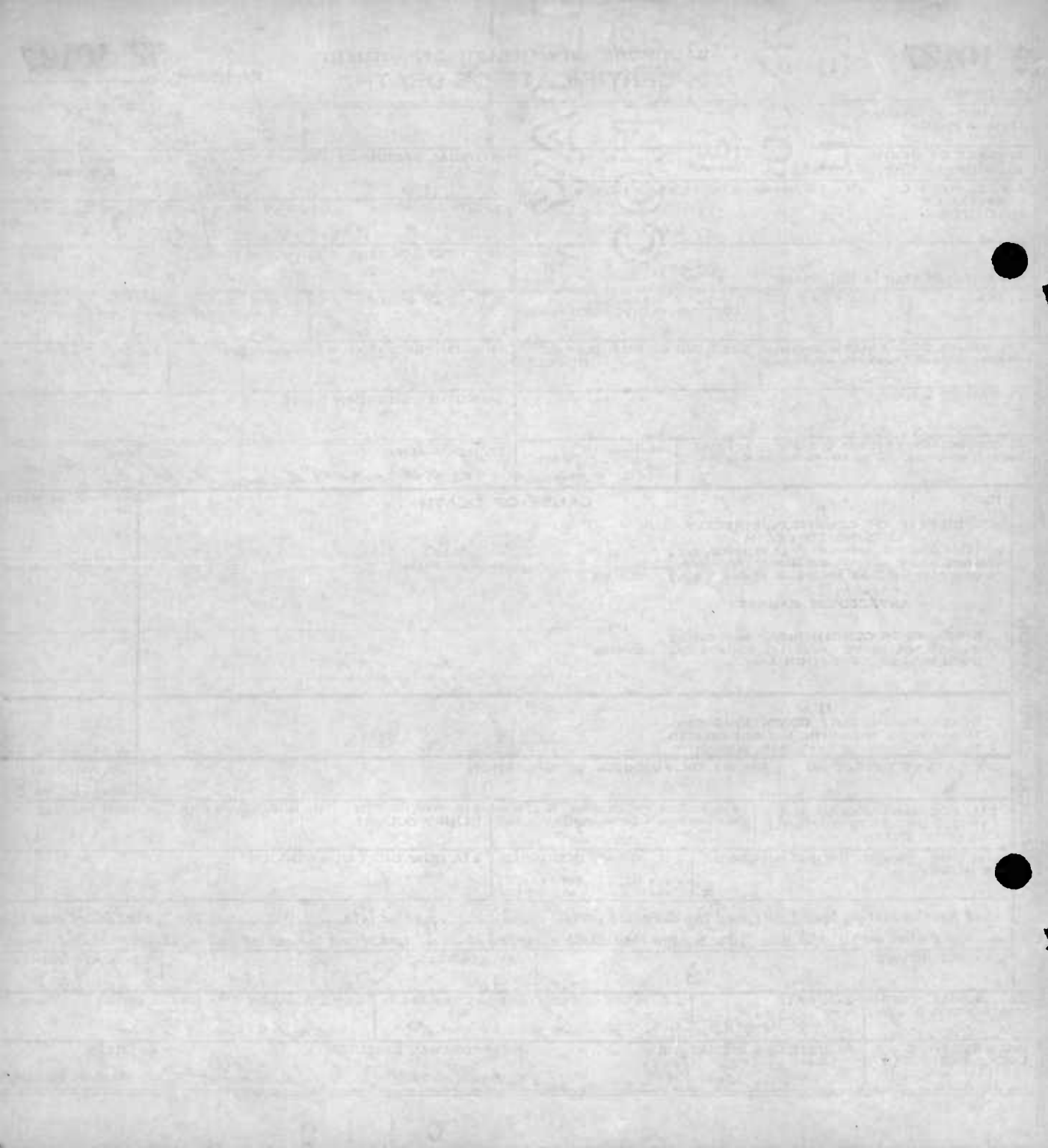
BIRTH NO.		1. NAME OF DECEASED (Type or Print) ROSE SILVER		2. DATE OF DEATH November 5/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3310 Leighton Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 31 yrs		D. STREET ADDRESS (If rural, give location) 3310 Leighton Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1880	9. AGE (In years last birthday) 72	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME Michael Zeliner		14. MOTHER'S MAIDEN NAME Sarah			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Melvin Silver - 3310 Leighton Avenue	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Atherosclerosis Hypertension DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Cerebral Hemorrhage Atherosclerosis Hypertension		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/21 , 19 51 , to Nov 5 , 19 52 , that I last saw the deceased alive on Nov 5 , 19 52 , and that death occurred at 5:20 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Melvin A. Kuzo		23B. ADDRESS med arts Bldg		23C. DATE SIGNED 11/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/6/52		24C. NAME OF CEMETERY OR CREMATORY Shaare Tefah	
24D. LOCATION (City, town, or county) Baltimore, Md		24E. NAME OF CEMETERY OR CREMATORY Shaare Tefah		24F. LOCATION (City, town, or county) Baltimore, Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Sol Levinson	
				ADDRESS 1124-26 W. North Avenue	

3 52
2 10127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10127
Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ADAMS, Arthur C.			2. DATE OF DEATH 11/4/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md COUNTY Balto		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03		
C. Length of stay in Baltimore 55 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 718 E. 25th St.		
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 1881 71	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) md	
13. FATHER'S NAME James Adams			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Nancy Cooper		
16. SOCIAL SECURITY NO. 218-03-4244			17. INFORMANT ADDRESS 218 E 25th St		
18. 420.0 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antisclerotic heart disease (A) DUE TO Diabetes insulinitis (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3 Nov 1952 to 4 Nov 1952 , that I last saw the deceased alive on 4 Nov 1952 , and that death occurred at 340 pm. , from the causes and on the date stated above.					
23A. SIGNATURE J. E. Smith, Jr.		23B. ADDRESS Univ Hosp, Balto		23C. DATE SIGNED 11/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Nov 7-1952		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) Balto Md		24E. FUNERAL DIRECTOR W. E. 22247 Charles St		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24G. ADDRESS	



500
52 10128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10128
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ISAAC COHEN			2. DATE OF DEATH 11-5-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1640 Ashland Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-08		
6. Length of stay in Baltimore 46 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1640 Ashland Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1881	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia
13. FATHER'S NAME Berle			14. MOTHER'S MAIDEN NAME Fipa		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Faunce Cohen			ADDRESS Same		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute coronary infarction DUE TO Ch. Degenerative Cardio-vascular Renal disease		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11/1 , 19 52 , to 11/5 , 19 52 , that I last saw the deceased alive on 11/3 , 19 52 , and that death occurred at 6A. m. , from the causes and on the date stated above.				
23A. SIGNATURE A. H. Hornstein		23B. ADDRESS 304 E. Biddle St		23C. DATE SIGNED 11/5/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE 11-6-52	24C. NAME OF CEMETERY OR CREMATORY Hebrew Young men	24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25 FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eutaw Pl	

590246 0120

FORM 10

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1917

No.	Name of Plant	Date
1	Apple	1917
2	Banana	1917
3	Citrus	1917
4	Coconut	1917
5	Guava	1917
6	Jackfruit	1917
7	Mango	1917
8	Pineapple	1917
9	Rubber	1917
10	Sisal	1917
11	Tea	1917
12	Tobacco	1917
13	Vanilla	1917
14	Yucca	1917
15	Other	1917

351
52 10129
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10129
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Harry Steinberg</i>		2. DATE OF DEATH <i>11-5-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>27-17</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sumner Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>5809 Langford Ave.</i>		E. JONQUIL	
5. LENGTH OF stay in Baltimore <i>M.</i>		6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>		8. DATE OF BIRTH <i>73</i>	
9. AGE (In years last birthday) <i>73</i>		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tailor</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Born</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Not Known</i>		14. MOTHER'S MAIDEN NAME <i>Not Known</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Rhoda Rudo</i>		ADDRESS <i>Baltimore</i>	
18. <i>610x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Heart Failure</i> DUE TO (A) <i>Heart Failure</i> (B) <i>Acute Coronary A.</i> (C) <i>Acute Coronary A.</i> INTERVAL BETWEEN ONSET AND DEATH			
19. DATE OF OPERATION <i>10-28-52</i>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-16-52</i> , 1952, to <i>11-5-52</i> , 1952, that I last saw the deceased alive on <i>11-5-52</i> , 1952, and that death occurred at <i>5P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Phyllis</i>		23B. ADDRESS <i>Sumner Hsp.</i>	
23C. DATE SIGNED <i>11-5-52</i>		23D. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	
23E. LOCATION (City, town, or county) (State) <i>Balto Md</i>		23F. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 6-1952</i>	
23G. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		23H. FUNERAL DIRECTOR <i>Jack Lewis</i>	
23I. ADDRESS <i>2100 Canton Rd</i>			

590248 10121

116
52 10130
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10130

1. NAME OF DECEASED (Type or Print) JACOB M. RAPPEPORT		2. DATE OF DEATH 11-6-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3406 Woodbrooks Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-04	
D. STREET ADDRESS (If rural, give location) 3406 Woodbrook Ave		E. LENGTH OF STAY IN BALTIMORE 48 Yrs. None Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH
9. AGE (In years last birthday) 62		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Nathan		14. MOTHER'S MAIDEN NAME Fannie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Fannie Hochberg - Fannie		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis, Myocardial infarction. Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1952 to Nov 5, 1952 , that I last saw the deceased alive on Nov 5, 1952 , and that death occurred at 11 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE Benjamin Radin		23B. ADDRESS 2306 Eutaw Pl	
23C. DATE SIGNED 11-6-52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11-6-52	
24C. NAME OF CEMETERY OR CREMATORY Rosedale		24D. LOCATION (City, town, or county) (State) Balto Md	
25. FUNERAL DIRECTOR Huntington Williams, M. Jack Lewis & Co		ADDRESS 2100 Eutaw Pl	

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Kadov
2306 Easton

62V
52 10131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10131
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Dorociak, Mrs. Caroline		2. DATE OF DEATH Nov. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp. Length of stay in Baltimore 45 Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 1326-02			
5. SEX F 6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug 4, 1891	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 61 If Under 1 Year Months Days If Under 24 Hours Hours Min.	
13. FATHER'S NAME Michael Dorociak		14. MOTHER'S MAIDEN NAME Mary Augustyniak Caroline Dorociak		12. CITIZEN OF WHAT COUNTRY? 1st paper U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Louise Marzee 3519 Brandon Ave	
18. 355X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Intra Cranial Space DUE TO occupying lesion (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 4 days in hosp		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 31, 1952 to Nov. 3, 1952 that I last saw the deceased alive on Nov. 3, 1952 and that death occurred at 6:40 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Edw. J. Becker M. D.		23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED 11/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Nov 7-1952		24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS	
24D. LOCATION (City, town, or county) (State) 1300 Dundalk ave Balto, Md		25. FUNERAL DIRECTOR ADDRESS George Q. Weber 705 S. Han St			

NOV 6 - 1952
VS 150

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140
52 10132BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10132

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILDRED Shipley

2. DATE
OF
DEATH

NOV-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2334 McCullough St.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN Baltimore 13-03

D. STREET ADDRESS (If rural, give location)

2334 McCullough St

Length of stay in Baltimore

35 4/20

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 10th 57

9. AGE (In years,
last birthday)

57

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dressmaker

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Watkins

14. MOTHER'S MAIDEN NAME

Schorlett Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Holland Shipley

18. 420.0 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ARTERIOSCLEROTIC HEART

DUE TO

ANTECEDENT CAUSES

(B)

Disease

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

Diabetes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 6th/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Shroy or Wilson

VS 151

6338D

1000, Brantley

25 JUL 65

25 JUL 65



CERTIFICATE OF DEATH

Register No. 52-10133

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

521 E. 28th STREET

(c) Hospital or institution:

(a) Length of stay in hospital or inst. (yrs., mos., or days)

(c) Length of stay in Baltimore (yrs., mos., or days)

70 Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State. MARYLAND (b) County

(c) City or town BALTIMORE CITY
(If outside city or town limits, write RURAL and give town)(d) Street No. 521 E. 28th STREET

(If rural give location)

(e) If foreign born, how long in U. S. A. 9-04 years

3 (a) FULL NAME

JAMES GEORGE ROEMER

3 (b) If veteran, name war

No.

3 (c) Social Security Account

No. 214-14-1550

4. Sex

MALE

5. Color or race

WHITE

6 (a) Single, married, widowed, or divorced.

MARRIED

6 (b) Name of husband or wife

KATHERINE

6 (c) If alive, give age

65 years

7. Birth date of deceased (mo., day, yr.)

22 JUNE 1882

8. AGE: Years

70

Months

4

Days

14

If less than one day

hr.

min.

9. Birthplace BALTIMORE, MD

(Town, county, and state)

10. Usual Occupation

RETAIL GROCER

11. Industry or business

OWN STORE

FATHER
MOTHER

12. Name

John Roemer

13. Birthplace

Germany

14. Maiden Name

HELEN HOFFMAN ROEMER

15. Birthplace

GERMANY

16 (a) Informant

MRS KATHERINE ROEMER

(b) Address

521 E. 28th St.

(WIFE)

17 (a) (Burial, cremation, or removal)

(b) Date thereof

Nov 8th 1952
(month) (day) (year)

(c) Cemetery or crematory

Morelands

Location

Taylor Ave

18 (a) Funeral director

Geo S. Leach

(b) Address

701-05 N. Patterson Park Ave

19 (Date rec'd by registrar)

NOV 6 - 1952
Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 NOVEMBER 1952, at 6³⁵ A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10 MARCH 1952 to 4 NOV 1952, and that I last saw him alive on 4 NOV 1952.

Immediate cause of death CARCINOMA-
PROSTATE WITH
GENERALIZED CARCINOMATOSIS

Duration

15 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur about home, on farm, industrial place, in public place?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature

Karl F. Meck, M.D.

Address

11 E. Chase St.

Date signed

11/5/52

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

Town of _____

Ward of _____

Block of _____

Street of _____

House No. _____

Apartment No. _____

Room No. _____

Building No. _____

Lot No. _____

Block No. _____

Street No. _____

House No. _____

Apartment No. _____

Room No. _____

Building No. _____

Lot No. _____

Block No. _____

Street No. _____

House No. _____

Apartment No. _____

Room No. _____

Building No. _____

Lot No. _____

Block No. _____

Street No. _____

House No. _____

Apartment No. _____

Room No. _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10134**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GROVER L TYSON		2. DATE OF DEATH Nov. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4111 Boarman Avenue		5. LENGTH OF STAY IN BALTIMORE 48 Yrs. Mos. Days	
6. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 16 1886
9. AGE (In years last birthday) 66		10. UNDER 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Robert L. Tyson	
14. MOTHER'S MAIDEN NAME Georgia Eagle		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO. 215-32-9501		17. INFORMANT ADDRESS Letitia E Tyson 4111 Boarman Ave	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gunshot wound of head DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
19. DATE OF OPERATION Nov. 1, 1952 6:00 P.			
19B. MAJOR FINDINGS OF OPERATION home			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21C. WHERE DID INJURY OCCUR? 1800 N. Myerson		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 1, 1952 6:00 P.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Nov. 5, 1952		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Nov 8 1952		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn Md		25. FUNERAL DIRECTOR Harry H. Howard	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
ADDRESS 4204 Ridgewood Av		V S 151 N 803.4	

1000 50

STATE OF TEXAS

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52 10135

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10135
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILBERT GEORGE

YOUNG, JR.

2. DATE
OF
DEATH

Nov. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1143 N. Stricker Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

6/6/26

9. AGE (In years
last birthday)

26

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Koppers Plant

13. FATHER'S NAME

Rev. Wilbert Geo. Young, Sr.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Gladys Wally

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WW#2 Navy

16. SOCIAL
SECURITY NO.

218-14-6878

17. INFORMANT

ADDRESS

Rev W. G. Young, Sr. 1143 N. Stricker

18. E 916.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Third degree burns of 90% of body

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

industrial place

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Koppers Co.-Bush & Hamburg Sts.

21D. TIME (Month) (Day) (Year) (Hour)

Nov. 3, 1952 5:00 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Gasoline explosion

21-2

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23c. DATE SIGNED
Nov. 5, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/10/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 6 - 1952

Huntington Williams, Jr.

Geo. G. Kelson 1303 Prossman St.

VS 151

N948.2

9703L

Geo. G. Kelson

345
52 10136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10136

Registered No. _____

1. NAME OF DECEASED (Type or Print) Elizabeth Mitloehner			2. DATE OF DEATH Nov. 4/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 28-08		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) General German Aged Peoples Home, 22 S. Athol Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 22 S. Athol Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 9, 1870	9. AGE (In years last birthday) 82	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Jacob Bock		14. MOTHER'S MAIDEN NAME Henrietta Scheidt			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NONE		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Sr. Fredericka, 22 S. Athol Ave.	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardio Respiratory failure DUE TO (B) Arteriosclerosis, generalized DUE TO senes. (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____					
19. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION Decubitus ulcerations		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan , 19 52 , to 4 Mar , 19 52 that I last saw the deceased alive on 4 Mar , 19 52 and that death occurred at 9:45 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE William A. Bowers		23B. ADDRESS 1105 Edmondson Ave		23C. DATE SIGNED 11 Mar 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 6/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Harry H. White		24F. ADDRESS 4101 Edmondson Ave.	
DATE RECEIVED BY LOCAL REGISTRAR Nov 6-1952					

MEDICAL CERTIFICATION

520010120

300
52 10137BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10137

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MR. GEORGE DEADY		2. DATE OF DEATH 4 NOV 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO			
B. FULL NAME OF HOSPITAL OR INSTITUTION 5820 FALKIRK ROAD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
c. Length of stay in Baltimore 81		D. STREET ADDRESS (If rural, give location) 5820 FALKIRK ROAD			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/4/1871	9. AGE (In years last birthday) 81	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10B. KIND OF BUSINESS OR INDUSTRY OLD BAY LINE		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME MR JOHN DEADY		14. MOTHER'S MAIDEN NAME MARY A JONES		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 231-01-2270		17. INFORMANT ADDRESS MRS MARY BUETTNER ABOVE	
18. 420.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) CORONARY OCCLUSION DUE TO			
ANTECEDENT CAUSES		(B) CORONARY ARTERIOSCLEROSIS DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) GENERALIZED ARTERIOSCLEROSIS			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		ACUTE GASTROENTERITIS			
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NONE		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) NONE		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) NONE	
21D. TIME (Month) (Day) (Year) (Hour) INJURY NONE		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? NONE	
22. I hereby certify that I attended the deceased from MAY , 1952, to 4 NOV. , 1952, that I last saw the deceased alive on 4 NOV. , 1952, and that death occurred at 7:15 P m., from the causes and on the date stated above.					
23A. SIGNATURE Charles P. Curry		23B. ADDRESS 2722 C. Monument St		23C. DATE SIGNED 11/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/8/52		24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Co., Md		DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952			
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Wm. J. Ticker & Sons		ADDRESS Balto 17 Md	

32 10132

CENTRAL OF NEW YORK

32 10132

NO. 10132

NEW YORK

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NEW YORK

416
52 10138
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10138
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Flora A. Albrecht</i>			2. DATE OF DEATH <i>November 4, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Lutheran Hospital</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i> <i>46 730 Ashburton St. Baltimore Md</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore, Maryland 9-06</i>		
D. STREET ADDRESS (If rural, give location) <i>1626 East 32nd St. Baltimore Md</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 6, 1900</i>	9. AGE (In years last birthday) <i>52 years</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>James P. Randall</i>			14. MOTHER'S MAIDEN NAME <i>Flora A. Crabbe</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>216-03-2397</i>		
17. INFORMANT <i>Lutheran Hospital records</i>			ADDRESS <i>Baltimore Md</i>		

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>acute myocardial infarction 4 weeks</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>coronary arteriosclerotic heart disease 5 years</i>			DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			DUE TO					
19A. DATE OF OPERATION <i>11/8/52</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? <i>10 a.m.</i> <i>540 p.m.</i>		
22. I hereby certify that I attended the deceased from <i>November 4, 1952</i> to <i>November 4, 1952</i> , that I last saw the deceased alive on <i>November 4 1952</i> , and that death occurred at <i>540 p.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Rudolph M. Zander M.D. assistant resident</i>			23B. ADDRESS <i>Lutheran Hospital, Baltimore, Maryland</i>			23C. DATE SIGNED <i>11-5-1952</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>11/8/52</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount Cem.</i>		
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>			25. FUNERAL DIRECTOR <i>26 m. J. Tischer & Sons</i>			ADDRESS <i>Balto 17, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 6-1952</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			VS 150		

CERTIFICATE OF DEATH

STATE OF NEW YORK

DECEASED

Blank form area for the Certificate of Death, including fields for Name, Age, Sex, Race, Date of Birth, Date of Death, Cause of Death, and Place of Death.

520
52 10139BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10139

Registered No.

1. NAME OF DECEASED (Type or Print) IDA T. JONES			2. DATE OF DEATH Nov. 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3407 Fairview Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3407 Fairview Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7, 1885	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saleswoman			11. BIRTHPLACE (State or foreign country) Montgomery Co. Missouri		
10B. KIND OF BUSINESS OR INDUSTRY Department Store			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Richard Thompson			14. MOTHER'S MAIDEN NAME Marissa Overstreet		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Mrs. Sallie Smirl			ADDRESS 3407 Fairview Ave.		

MEDICAL CERTIFICATION

18. 293X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Metabolic Anaemia DUE TO Malnutrition (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 6 Mos.
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Mar 1, 1952, to Mar 5, 1952, that I last saw the deceased alive on Nov 5, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.				
23A. SIGNATURE Howard K. Warm		23B. ADDRESS M. D. 7604 Yarnall Bldg		23C. DATE SIGNED Nov 6-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/7/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. Cem.
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tucker & Sons, Inc. Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 6-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		

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CERTIFICATE CORRECTED 11-13-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 10140

300
52 10140

1. NAME OF DECEASED (Type or Print) ARTHUR CLARENCE WHITE			2. DATE OF DEATH Nov. 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Greenway Apartments		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1881		9. AGE (in years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Banker		10B. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alburtus M. White			14. MOTHER'S MAIDEN NAME Mary E. Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Mrs. Bessie M. White Above		

18. E 973X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carbon monoxide poisoning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) garage	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3300 St. Paul St.	
21D. TIME (Month) (Day) (Year) (Hour) Nov. 5, 1952	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Found in car with motor running	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D. Nov. 5, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/8/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE NOV 8 1952		25. FUNERAL DIRECTOR ADDRESS Wm. J. Tucker & Sons Inc Balto Md	

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2 10141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10141

1. NAME OF DECEASED (Type or Print) ANNA BECKER		2. DATE OF DEATH 4 NOV 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. LENGTH OF stay in Baltimore LIFE (71)		D. STREET ADDRESS (If rural, give location) 820 KINGSTON RD. 5300	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH FEB 25, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
13. FATHER'S NAME Julius NICKEL		14. MOTHER'S MAIDEN NAME RHOTA CLEMENTS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT DAUGHTER		ADDRESS	

18. 452X and E900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RUPTURED ABDOMINAL ANEURYSM		INTERVAL BETWEEN ONSET AND DEATH 9 HRS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FALL IN HOME (POSSIBLE)		

CERTIFICATION APPROVED BY
[Signature]
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME	21C. WHERE DID INJURY OCCUR? HOME (ABOVE)		
21D. TIME (Month) (Day) (Year) (Hour) EST. - 12 NOV = 6 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? FOUND ON STAIRS		

22. I hereby certify that I attended the deceased from 2 NOV , 1952, to 4 NOV , 1952, that I last saw the deceased alive on 4 NOV , 1952, and that death occurred at 130 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE <i>John A. Minton</i>	23B. ADDRESS Md. Sen. Har.		
23C. DATE SIGNED 4 NOV 52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/8/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	
VS 150 W995.3		3/Balto 17, Md.	

MEDICAL CERTIFICATION

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100-100000

TO THE DIRECTOR OF THE
BUREAU OF THE CENSUS
WASHINGTON, D. C.

530
2 10142BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10142

1. NAME OF DECEASED (Type or Print) <i>Charles THOMAS Smith</i>		2. DATE OF DEATH <i>11 / 4. 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>U. M. H</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Union Memorial Hospit.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>130 Baltimore 17-5</i>	
C. Length of stay in Baltimore <i>71</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Home Wood Apartments</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 14, 1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>insurance man</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>insurance</i>	9. AGE (In years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George C. Smith</i>		14. MOTHER'S MAIDEN NAME <i>Eliza Ruth Schneider</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>212-32-6220</i>	
17. INFORMANT <i>Mrs. Geo. R. Smith (son)</i>		ADDRESS <i>5 E. Barry Street, City</i>	
18. <i>163X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Carcinoma of the Lung.</i> DUE TO (B) <i>Arteriosclerotic Heart Dis?</i> DUE TO (C) <i>Bronchial Asthema</i>	
19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Oct. 31, 1952</i> to <i>Nov. 4, 1952</i> , that I last saw the deceased alive on <i>Nov. 4, 1952</i> , and that death occurred at <i>11:30 pm.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>B. R. Bivins M.D.</i>		23B. ADDRESS <i>Union Memorial</i>	
23C. DATE SIGNED <i>11/5. 52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 18/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M. Stewart & Mowen Co., 108 W. North Ave.</i>	

NOV 6 - 1952
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MEDICAL CERTIFICATION

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THE HUMANITY PARTY, INCORPORATED

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STAGE 3

355
52 10143
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10143
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mrs Esther Wittman</i>		2. DATE OF DEATH <i>Nov 6th 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-06</i>	
D. STREET ADDRESS (If rural, give location) <i>3120 Wilkins Ave</i>		E. LENGTH OF STAY IN BALTIMORE <i>50</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5-14-1898</i>
9. AGE (In years last birthday) <i>54</i>		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Washington D. C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Edgar Evans</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Bowen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mr Charles J. Wittman</i>		ADDRESS <i>Wilkins 3120</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>420.11 and 260X</i> <i>Myocardial Infarction</i> <i>Coronary artery thrombosis</i> DUE TO (A) <i>-</i> DUE TO (B) <i>-</i> DUE TO (C) <i>-</i> INTERVAL BETWEEN ONSET AND DEATH		19. CAUSE OF DEATH	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes Mellitus</i>		21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-27</i> , 19 <i>52</i> , to <i>11-6</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>11-6</i> , 19 <i>52</i> , and that death occurred at <i>1:45 PM</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Darryl R. Kung'u</i>		23B. ADDRESS <i>St. Agnes Hosp</i>	
23C. DATE SIGNED <i>11-6-52</i>		23D. NAME OF CEMETERY OR CREMATORY <i>London Park Cem</i>	
23E. LOCATION (City, town, or county) (State) <i>3801 Frederick Ave</i>		23F. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 6-1952</i>	
23G. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		23H. FUNERAL DIRECTOR <i>John J. Bowman & Son</i>	
23I. ADDRESS <i>St. Johns</i>		23J. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 6-1952</i>	

521
52 10144
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10144

1. NAME OF DECEASED (Type or Print) <i>Beatrice Kingfield</i>		2. DATE OF DEATH <i>Nov. 6, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>W. Virginia</i> B. COUNTY <i>V-45</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Keams</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>1-6-1912</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		12. AGE (In years last birthday) <i>40</i>	
13. FATHER'S NAME <i>Robert Hedrick</i>		14. BIRTHPLACE (State or foreign country) <i>W. Virginia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>580X and 204.4</i> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<i>HEPATIC INSUFFICIENCY 2 DAYS</i>
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		<i>(?) ACUTE YELLOW ATROPHY 2 DAYS</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>UNKNOWN CAUSE</i>
19. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		
22. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
23. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
24. TIME (Month) (Day) (Year) (Hour) INJURY		
25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
26. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *11-1-52* 19__, to *11-6-52* 19__, that I last saw the deceased alive on *11-6* 19*52*, and that death occurred at *1A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Carlton Lesley Lester</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11-6-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/8/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F. Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Elkview, W. Va.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 6-1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
24G. FUNERAL DIRECTOR <i>Howard A. Hubbard</i>		24H. ADDRESS <i>2503</i>			

11-11-11

CERTIFICATE OF DEATH

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520
52 10145BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10145

BIRTH NO.		2. DATE OF DEATH Nov. 5, 1952	
1. NAME OF DECEASED (Type or Print) OSCAR MILTON THOMAS			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE West Virginia B. COUNTY V-45	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U.S. Public Health Service Hospital Wyman Pk. drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dunbar	
C. Length of stay in Baltimore ? Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 5/28/10
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		9. AGE (In years last birthday) 42	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) W.Va.	
13. FATHER'S NAME Caviso Thomas		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME Mary Elizabeth ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 233-07-9787	
17. INFORMANT Records- US PHS Hospital, Balto, Md. ✓		ADDRESS	
18. 416x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic heart disease with congestive failure and pulmonary edema, bilaterally CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH Unknown			
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. TIME (Month) (Day) (Year) (Hour) OF INJURY		21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 13, 1952, to Nov. 5, 1952, that I last saw the deceased alive on Nov. 5, 1952, and that death occurred at 11A m., from the causes and on the date stated above.			
23A. SIGNATURE J.A. Hunter, Clinical Director		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 11/6/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-9-52	
24C. NAME OF CEMETERY OR CREMATORY Cunningham		24D. LOCATION (City, town, or county) (State) Dunbar, West Virginia	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		REGISTRAR'S SIGNATURE Huntington, Wm.	
25. FUNERAL DIRECTOR Howard H. Hubbard		ADDRESS 2503 Edmondson Ave	

6258 P 010136

536 52 10146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10146

Registered No.

BIRTH NO. **MBB 163197**1. NAME OF DECEASED
(Type or Print)**Carrie Anderson**

2. DATE

OF
DEATH **11-5-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR **Baltimore City Hospitals**
INSTITUTION **4940 Eastern Ave**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1348 N. Stockton St

c. Length of stay in Baltimore

18 yrsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Aug. 12, 19129. AGE (In years
last birthday)
40 yrsIf Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Anderson

14. MOTHER'S MAIDEN NAME

Ida Morgan15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

**Records: Baltimore City Hospitals
4940 Eastern Ave**18. **434.3**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cystic Disease of Lungs

DUE TO

(C)

Cor Pulmonale

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from **9-16**, **1952**, to **11-5**, 19 **52** that I last saw the
deceased alive on **11-5**, 19 **52**, and that death occurred at **1:45 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

H.C. Johnson

M. D.

23B. ADDRESS

4940 Eastern Ave Balto. Md.

23C. DATE SIGNED

11-5-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

11/8/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park Balto. County, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 6 - 1952**Thurston Williams, M.D. Charles R. Law, 803 Mad. Ave.**

12 1952

CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10147

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Mary Elizabeth Maddox</u>		2. DATE OF DEATH <u>11/4/52</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>227 N. Monroe St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
Length of stay in Baltimore <u>25yrs.</u> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>227 N. Monroe Street</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/5/97</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Private Family</u>	9. AGE (In years last birthday) <u>55</u> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME <u>Caesar Hayes</u>		11. BIRTHPLACE (State or foreign country) <u>Isle of White Co., Va.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. <u>None</u>		14. MOTHER'S MAIDEN NAME <u>Emma Mears</u>	
17. INFORMANT <u>Vashti Newby</u>		ADDRESS <u>120 W. 24th. St.</u>	

18. <u>156.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Liver</u> (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>None</u>	CAUSE OF DEATH <u>Carcinoma of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
---	---

19A. DATE OF OPERATION <u>? (J.H.H.)</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 1952</u> , to <u>Nov. 3, 1952</u> , that I last saw the deceased alive on <u>Nov. 3, 1952</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W. McDonald</u> M. D.		23B. ADDRESS <u>844 N. Carey St. Balt. Md.</u>		23C. DATE SIGNED <u>11/6/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/7/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Arbutus Memorial Park, Balto. County, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>Nov 6 - 1952</u>		REGISTRAR'S SIGNATURE <u>W. McDonald</u>		25. FUNERAL DIRECTOR <u>Charles R. Law</u>	
				ADDRESS <u>802 Madison Ave.</u>	

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28 10197

28 10197

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J-529 10148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10148
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MURIEL JONES		11/1/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSPITAL		MARYLAND BALTIMORE	
c. Length of stay in Baltimore 25 YRS		D. STREET ADDRESS (If rural, give location) 1203 W. FRANKLIN ST.	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 5/19/1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	9. AGE (In years last birthday) 46
13. FATHER'S NAME JOHN WILLIAMS		11. BIRTHPLACE (State or foreign country) WHITESTONE, VA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 612-16-0984		14. MOTHER'S MAIDEN NAME CHRISTINNA	
17. INFORMANT MARIE JONES(D)		ADDRESS 1203 W. FRANKLIN ST.	
18. 203X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) multiple myeloma CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 12 wks			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1952 to Nov 1, 1952, that I last saw the deceased alive on Nov 1, 1952, and that death occurred at 1.10 AM, from the causes and on the date stated above.			
23A. SIGNATURE H. Garland Christensen		23B. ADDRESS 1038 Edmondson	
23C. DATE SIGNED 11-4-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/6/52	
24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY		24D. LOCATION (City, town, or county) (State) BALTO. MD	
25. FUNERAL DIRECTOR CHAS. G. COOPER		ADDRESS 512 CARROLLTON AV.	

MEDICAL CERTIFICATION

NOV 6 - 1952

7208A Charles Christensen

21 101 12

22 101 12

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1912

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 10, 1911

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK

PRINTING OFFICE

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10149
Registered No.

1. NAME OF DECEASED (Type or Print) Margaret A. Allick - BETKY.			2. DATE OF DEATH Nov. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-43		
D. STREET ADDRESS (If rural, give location) 2026 Harman Ave., (30)			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 11-1-1889		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
10B. KIND OF BUSINESS OR INDUSTRY			13. FATHER'S NAME John Sommers		14. MOTHER'S MAIDEN NAME Theresa
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Deceased.

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardio-Vascular accident DUE TO (B) Hypertensive Cardio-Vascular disease DUE TO (C) Diabetic Mellitus Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Angestive Failure			INTERVAL BETWEEN ONSET AND DEATH 1 hr
19A. DATE OF OPERATION 10-27-52			19B. MAJOR FINDINGS OF OPERATION Acute or Chronic Obstruction & Ulcerations
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-27 , 19 52 to 11-4 , 19 52 that I last saw the deceased alive on 11-4 , 19 52 , and that death occurred at 6:53 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Thomas V. Houch		23B. ADDRESS St. Agnes Hosp.	
23C. DATE SIGNED 11-7-52		23D. NAME OF CEMETERY OR CREMATORY London PK	
23E. LOCATION (City, town, or county) (State) Fredrick MD		23F. DATE RECEIVED BY LOCAL REGISTRAR 11/8-52	
23G. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		23H. FUNERAL DIRECTOR ADDRESS Edward Foulson, Balt City MD	

OV 6-1952
VS 150

MEDICAL CERTIFICATION

10 10110

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

10 10110

NOV. 1, 1988

URGENT 11/01/88

TO: DIRECTOR

FROM: SAC, NEW YORK

RE: MURDER OF MARTIN LUTHER KING, JR.

GOOD MORNING, NEW YORK

TO:

11-1-88

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C-615
52 10150BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10150

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha

Carpenter

2. DATE
OF
DEATH

11-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 17-01

D. STREET ADDRESS (If rural, give location)

315 St. Biddle St.

C. Length of stay in Baltimore

12 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE (MAILED)

WIDOWED (Specify)

8. DATE OF BIRTH

Sept. 19, 1888

9. AGE (In years

last birthday)

64

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Cape Charles, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James H. Binder

14. MOTHER'S MAIDEN NAME

Lettie Wilken

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Pauline Sanders
611 St. Mosher St.

18. 241X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Status Asthmaticus

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

9 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-1952, to 11-1-1952, that I last saw the deceased alive on 11-1-1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

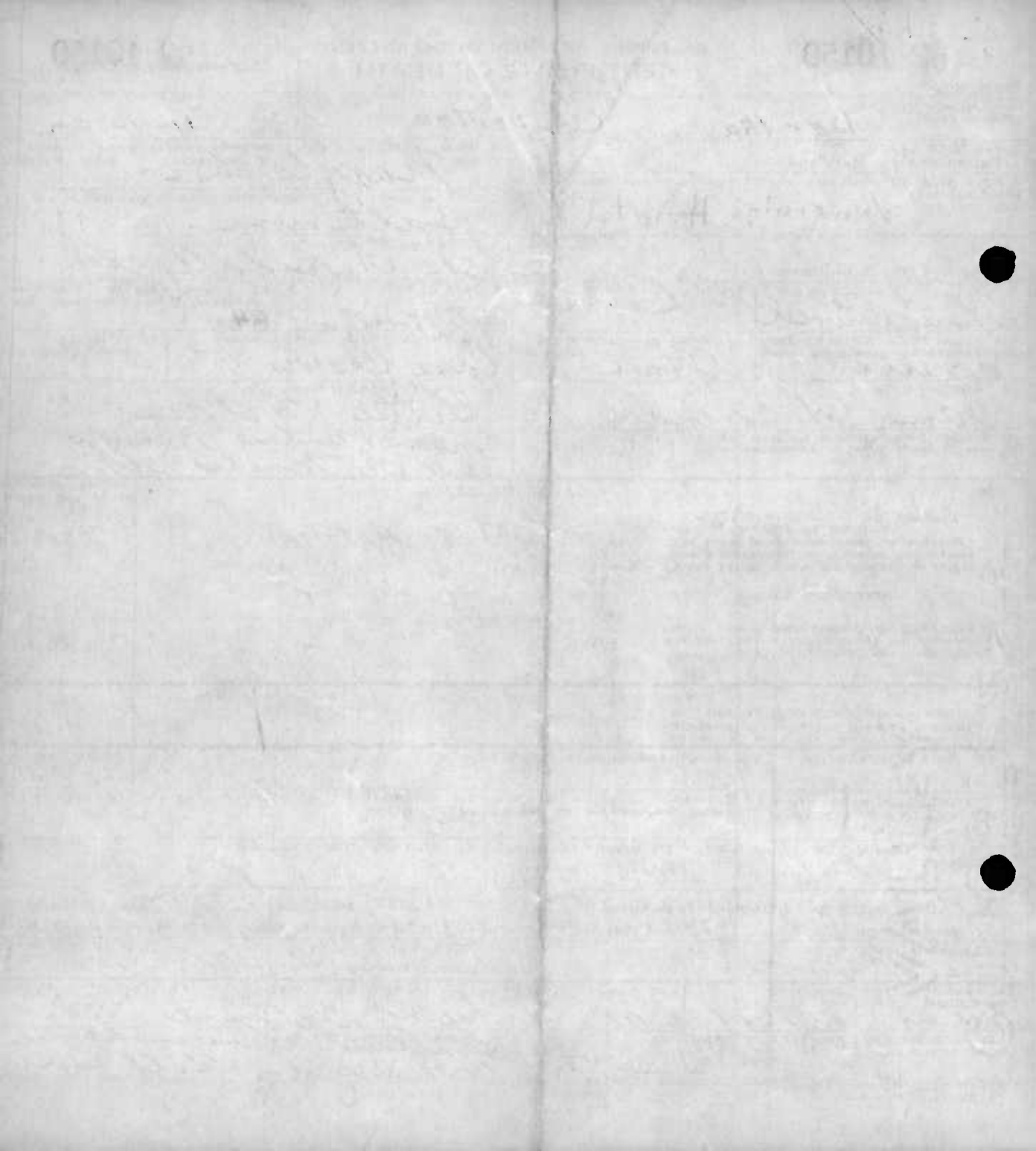
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 6 - 1952

73024



5-149
52 10151BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10151

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Florence Shipley

2. DATE
OF
DEATH

Nov. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore CO. HALETHORPE

D. STREET ADDRESS (If rural, give location)

1811 Wynans Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

X

8. DATE OF BIRTH

11-27-79

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John Wagner

Deceased

14. MOTHER'S MAIDEN NAME

Mary GARRISH

Deceased.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

MRS. G. E. ARRINGTON-1811 WYNANS AVE
HALETHORPE, MD.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema
Hypertensive C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27, 1952, to 11-4, 1952, that I last saw the
deceased alive on 11-4, 1952, and that death occurred at 6:23 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George L. Stettin M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

11-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/7/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. View Cem.

24D. LOCATION (City, town, or county)

Howard Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Eaton & Sons Catonsville Md.

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JAN 11 1950



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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10152
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Alphonsa Muth		2. DATE OF DEATH Nov 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4301 Roland Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Lifetime		D. STREET ADDRESS (If rural, give location) 4301 Roland Ave.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 30-1867		9. AGE (In years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10B. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Francis X. Muth			
14. MOTHER'S MAIDEN NAME Theresa Wittenauer		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			
16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Louise Boyd 3313 Dorchester Rd.			
18. 170X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interval Carcinoma fetoris (A) DUE TO yes (3)					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma Right Breast (B) DUE TO yes (?)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION No operation		19B. MAJOR FINDINGS OF OPERATION Irreparable		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1, 1951 to 3 Nov, 1952 that I last saw the deceased alive on 3 Nov, 1952 and that death occurred at 11 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Georgis Stewart		23B. ADDRESS M. D. 3301 N Charles St - 12		23C. DATE SIGNED 4 Nov 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 7, 1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		25. FUNERAL DIRECTOR ADDRESS Chas F. Evans & Son 110 W. Mt. Royal Ave.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

MEDICAL CERTIFICATION

Dr. Steward
3301 N. Charles St.

83701 12

83701 12

W. J. LAY

(1914)

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616
52 10154BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10154
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mr. Charles H. E. from Scarborough</i>		2. DATE OF DEATH <i>Nov. 6</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <i>Penna.</i> b. COUNTY <i>V-35</i> ?			
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural: Delta, R. D. # 3</i>			
c. Length of stay in Baltimore <i>none</i>		d. STREET ADDRESS (If rural, give location) <i>Delta, R. D. # 3, Penna.</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 2 1886</i>	9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer & guard</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>Whiteford, Maryland</i>	
12. FATHER'S NAME <i>Mr. Hugh Scarborough</i>		13. MOTHER'S MAIDEN NAME <i>Elizabeth Beane</i>		14. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>?</i>		17. INFORMANT ADDRESS	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>CORONARY THROMBOSIS</i> DUE TO (B) DUE TO (C) <i>PEPTIC ULCER, GI BLEEDING.</i>	INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION <i>0</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>?</i>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct. 6, 1952*, to *Nov. 6, 1952*, that I last saw the deceased alive on *Nov. 6, 1952*, and that death occurred at *9:00 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE *Dr. Logan.* 23b. ADDRESS *Union Memorial Hosp.* 23c. DATE SIGNED *Nov. 6/52*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *Nov. 9, 52* 24c. NAME OF CEMETERY OR CREMATORY *Laterville* 24d. LOCATION (City, town, or county) (State) *Delta, York Co. Pa.*

DATE RECEIVED BY LOCAL REGISTRAR *NOV 6 - 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *John J. Scarborough* ADDRESS *Delta Pa.*

220
52 10155BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10155
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN J SIEJAK		2. DATE OF DEATH Nov 3 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore			
b. FULL NAME OF HOSPITAL OR INSTITUTION 1921 Orlean Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04			
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 1921 Orlean Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21 1891		9. AGE (in years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern owner		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Balt.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Stanislaw Siejak			
14. MOTHER'S MAIDEN NAME Walentyna Bahabki		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Mary Siejak 1921 Orlean St			
18. 434.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Congestive Cardiac Failure		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 5 1952 to Nov. 3 1952 , that I last saw the deceased alive on Nov. 2 1952 , and that death occurred at 1030 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Andrew Stankowski		23b. ADDRESS 2529 Eastern Ave		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 7 1952		24c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cmn	
24d. LOCATION (City, town, or county) Baltimore County		24e. FUNERAL DIRECTOR Huntington Williams, M. John M. Walsh		24f. ADDRESS	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10156**

200
52 10156

1. NAME OF DECEASED (Type or Print) Silbert Mc Isee Jr.		2. DATE OF DEATH Nov. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Johns Hopkins Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-02	
D. STREET ADDRESS (If rural, give location) 634 St. Lawrence St.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX MALE	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-11-1919
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY ?	9. AGE (In years last birthday) 33 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Rock Hill S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Silbert Mc Isee Sr.		14. MOTHER'S MAIDEN NAME Mary Crawford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 446X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		INTERVAL BETWEEN ONSET AND DEATH 6 wks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		
(B) Hypertension		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/26 , 19 52 to 11/4 , 19 52 that I last saw the deceased alive on 11/4 , 19 52 and that death occurred at 10.45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Medwin W. Sill		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Buried		11/7/1952		Chances Corn Rockhill	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS			
S.C.		Mrs. Kate R. Williams, Schuaderville			
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MEDICAL CERTIFICATION

BOESCH
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10157
Registered No.

52 10157
BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS ALLEN BOESCH			2. DATE OF DEATH Nov 5 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2619 W Cold Spring Lane		
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov 13-1905		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIP REPAIR		10B. KIND OF BUSINESS OR INDUSTRY Florist	11. BIRTHPLACE (State or foreign country) BALTO md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JOHN FRED BOESCH (r)			14. MOTHER'S MAIDEN NAME HELEN J. BREWINGTON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-04-1351	17. INFORMANT 2 ADRES VIRGINIA C. SUMMERS MANHATTAN AN		

18. **260X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Multiple Pulmonary Emboli**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Diabetic Acidosis, moderately severe. Associated with thrombosis of hepatic vein.**

(C) **Bronchitis, moderate**

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Nov 5 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov 5**, 19**52**, to **Nov 5**, 19**52**, that I last saw the deceased alive on **Nov 5**, 19**52**, and that death occurred at **9:00 P** m., from the causes and on the date stated above.

23A. SIGNATURE Curley D. Richardson M. D.	23B. ADDRESS University Hospital	23C. DATE SIGNED Nov. 6, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11-8-52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) md
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DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John C. & B. M. Walters	ADDRESS 9568 B6R Pratt & Strucker
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NOV 6 - 1952
VS 150

9 5 68 B6R Pratt & Strucker

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

William Abbott

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

620
52 10158BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10158

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY K. PREIS (MRS. FREDERICK W.)		2. DATE OF DEATH NOV. 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON 4 5255			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 205 AIGBURTH ROAD			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 10, 1886	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME MR. JOHN ZANG		14. MOTHER'S MAIDEN NAME MARY KERCHNER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT MR. F.W. PREIS (HUSBAND)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS SAME	

18. **151X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of stomach

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

generalized carcinomatosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-20 , 19 52 to 11-5 , 19 52 , that I last saw the deceased alive on 11-5 , 19 52 , and that death occurred at 11:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE D Hubbard		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED Nov 6, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Interment		24B. DATE 11-8-52		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (City, town, or county) Baltimore		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR J. Ruck	
25A. ADDRESS 5305 Kay Rd		25B. ADDRESS 5305 Kay Rd		25C. ADDRESS 5305 Kay Rd	

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10159
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSSER LEE BASS SR.		2. DATE OF DEATH 11-6-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 2711 BAYONNE AVE		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-11-04
9. AGE (in years last birthday) 48		10. BIRTHPLACE (State or foreign country) VIRGINIA	11. CITIZEN OF WHAT COUNTRY?
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN		13. KIND OF BUSINESS OR INDUSTRY WM SCARLETT SEEDS	
14. FATHER'S NAME ROSSER LEE BASS		15. MOTHER'S MAIDEN NAME ANN LYLE FICKLIN	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN		17. SOCIAL SECURITY NO.	
18. INFORMANT Mrs. Mary Bass - 2711 Bayonne		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) Acute Myocardial Infarction		
DUE TO (B)		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **11-5**, 19**52**, to **11-6**, 19**52**, that I last saw the deceased alive on **11-5**, 19**52**, and that death occurred at **1.00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Samuel Blumenfeld	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 11-6-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/8/52	24C. NAME OF CEMETERY OR CREMATORY Fairwood Cem.	24D. LOCATION (City, town, or county) (State) Bald Md
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DATE RECEIVED BY LOCAL REGISTRAR NOV 6-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	FUNERAL DIRECTOR J. Ruck	ADDRESS 5305 Bayford Rd
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165
52 10180BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10180

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARGARUTE M. SPRING		2. DATE OF DEATH Nov. 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-09			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1257 E. North Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1257 E. North Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 14, 1904	9. AGE (In years last birthday) 48	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Harry L. Spring		14. MOTHER'S MAIDEN NAME Mamie A. Garvey		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 1257 E. North Avenue 2 Miss Margaret Garvey	
18. 190X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) melanoma CAUSE OF DEATH (A) melanoma DUE TO INTERVAL BETWEEN ONSET AND DEATH 6 months		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/25 , 19 52 , to 11/4/52 , 19 52 , that I last saw the deceased alive on 11/3 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Sol Smith M. D.		23B. ADDRESS 1223 E North Me		23C. DATE SIGNED 11/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/7/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. STATE Md.			

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RECEIVED BY MAIL
CERTIFICATE OF DEATH

08:01 33

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10181**

630
52 10181
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILHELMINA F. HURTT			2. DATE OF DEATH Nov. 5, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 3044 O'Donnel Street			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 3044 O'Donnel Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH December 1, 1880		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
13. FATHER'S NAME Louis Franke			14. MOTHER'S MAIDEN NAME Fredericka Stuwien		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
			17. INFORMANT 3044 O'Donnel Street Miss Charlotte Hurtt		

18. I 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach		INTERVAL BETWEEN ONSET AND DEATH Sept 3/52
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None	
21d. TIME (Month) (Day) (Year) INJURY None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from **9-3-52**, 19**52**, to **11-5-**, **1952**, that I last saw the deceased alive on **11-4**, 19**52**, and that death occurred at **6-4** a.m., from the causes and on the date stated above.

23a. SIGNATURE G. J. Schinuck		23b. ADDRESS 442 S. Fox Ave		23c. DATE SIGNED 11-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/7/52		24c. NAME OF CEMETERY OR CREMATORY Trinity Cemetery	
				24d. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
				ADDRESS BALTO., 13, Md.	

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DEPARTMENT OF HEALTH
CENTRAL TEST OF DEATH

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52 10162BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10162

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLORA MAY KNIGHT			2. DATE OF DEATH November 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01		
D. STREET ADDRESS (If rural, give location) 1914 W. Lexington Street			Yrs. Mos. Days		
5. SEX Female			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH July 21-1890		
9. AGE (In years last birthday) 62			10. UNDER 1 Year Months: Days		
11. UNDER 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Louis H. Knight			14. MOTHER'S MAIDEN NAME Margaret		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.			16. SOCIAL SECURITY NO. *****		
17. INFORMANT Miss Mary C. Knight-1914 W. Lexington			ADDRESS		

18. **422.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV:7:1952		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY	
24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D. & Son</i>		ADDRESS 1300 EUTAW PLACE..17	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D. & Son</i>		633 & D.	

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King, 1 -

52 10183

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10183
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) WALTER MARTIN FITZMAURICE		2. DATE OF DEATH November 5, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital 57-- Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06
D. STREET ADDRESS (If rural, give location) 1631 Poplar Grove Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Decorator		10B. KIND OF BUSINESS OR INDUSTRY Paint
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Fitzmaurice		14. MOTHER'S MAIDEN NAME Annie K. Schaeffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Hazel G. Fitzmaurice		ADDRESS 1631 Poplar

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease XXXXX		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary sclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Strong</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Nov. 6, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-8-1952	24C. NAME OF CEMETERY OR CREMATORY Western	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOW REGISTRY NOV 7 - 1952		25. FUNERAL DIRECTOR Howard Strong ADDRESS 3207 W. North Ave.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10164

Registered No.

52 10164

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LAURA V. BOKEE			2. DATE OF DEATH Nov. 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1813 Barclay St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1813 Barclay St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 29, 1870		9. AGE (In years last birthday) 82 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10B. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Martin V. B. Lancaster			14. MOTHER'S MAIDEN NAME Caroline Gruver		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. Edwin Bokee-306 N. Charles St.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO (A) antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) arteriosclerotic C.V.D. (C) generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 6 days.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 1951 , to Nov. 5, 1952 , that I last saw the deceased alive on Nov. 4, 1952 , and that death occurred at 1:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harold A. Gantt		23B. ADDRESS 8100 Harford Rd.		23C. DATE SIGNED 11/6/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/7/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D. & Son			
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		ADDRESS Balto 17, Md			

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MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

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52 10165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10165

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Abraham Goldberg

2. DATE
OF
DEATH

Nov. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3713 Reisterstown Rd

C. Length of stay in Baltimore

56 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Tailor

13. FATHER'S NAME

Israel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Hyia

17. INFORMANT

ADDRESS

Jessie Goldberg - Same

18. 420.1 and 260x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

7 30 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Atherosclerosis

(C) DUE TO

Hypertensive Cardio Vds. Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1950, to Nov 7, 1952, that I last saw the deceased alive on Nov 7, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1952

Huntington Williams, M.D.

Jack Lewis Inc 2100 Gutter Pl

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52 10166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10166

1. NAME OF DECEASED (Type or Print) GOLDRESS, Morris		2. DATE OF DEATH Nov. 6, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY Balto.	
b. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-04	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 1702 FREDERICK AVE	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 10, 1889.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Bank	9. AGE (In years last birthday) 63 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry		14. MOTHER'S MAIDEN NAME Hannah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Luna Goldress - Same		ADDRESS	
18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Insufficiency DUE TO Coronary Thrombosis DUE TO Coronary Thrombosis DUE TO Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10/30/1952 to 11/6/1952 , that I last saw the deceased alive on 11/6/1952 , and that death occurred at 2:45 AM. , from the causes and on the date stated above.			
23a. SIGNATURE Amos B. Pester, M.D.		23b. ADDRESS Franklin Square Hwy	
23c. DATE SIGNED 11/6/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-7-52	
24c. NAME OF CEMETERY OR CREMATORY United Hebrew		24d. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2400 Canton Pl	

VS 150

1952 263710157

MEDICAL CERTIFICATION



4100

2 10167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10167
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Buckley
JAMES BUCKLEY NOEL2. DATE
OF
DEATH

November 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION

526 N. Bruce Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cement Finisher

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

13. FATHER'S NAME

Unknown Walter Noel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gladys Moody - 739 Baltic Ave Atlantic City

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

(B)

Hypertensive-Cardio-Renal Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1952, to 11-3, 1952, that I last saw the
deceased alive on 11-3, 1952, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Hunt

M. D.

23B. ADDRESS

1631 W. Franklin

23C. DATE SIGNED

11-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

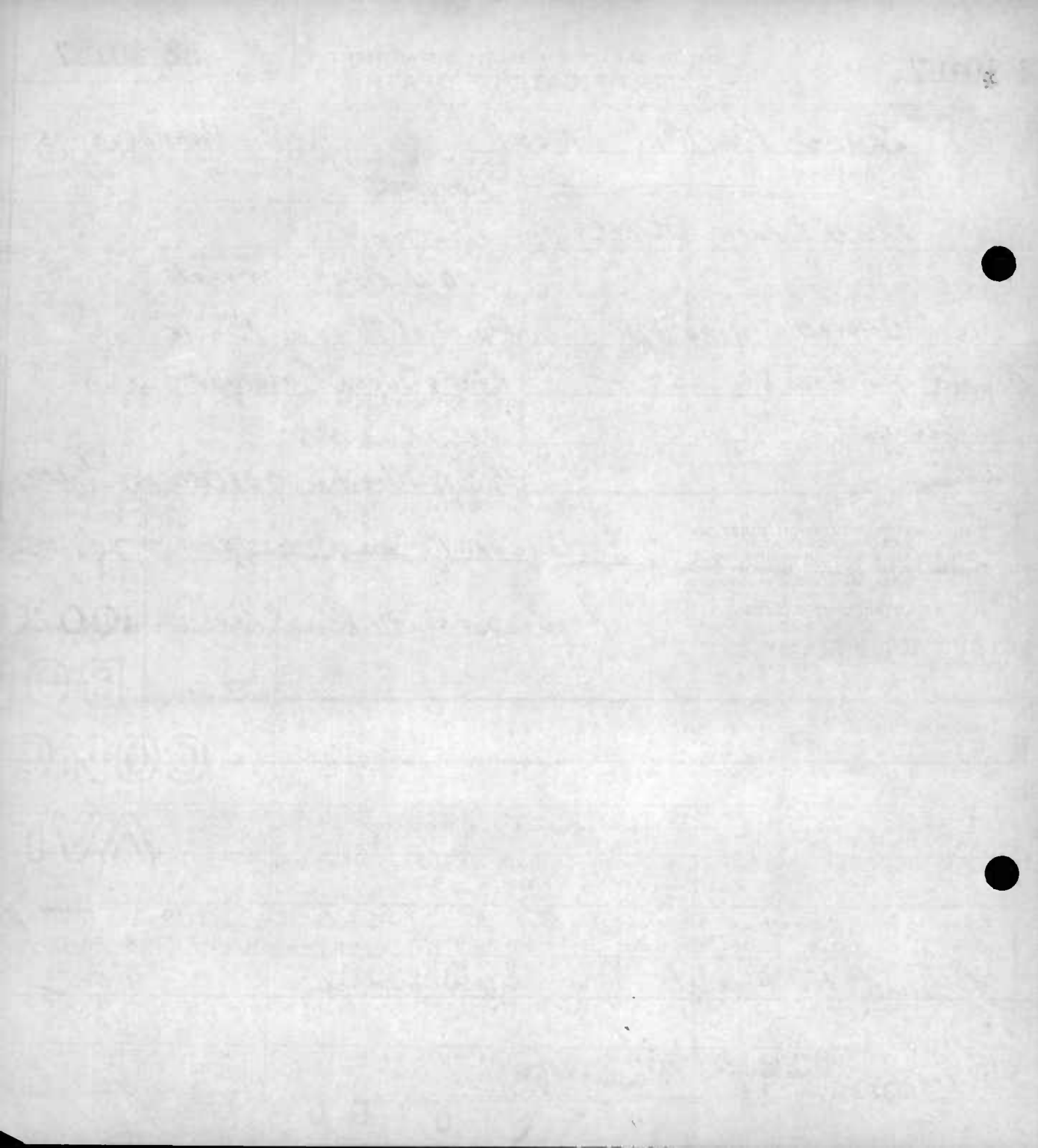
ADDRESS

NOV 7 - 1952

Huntington Williams, M.D.

Samuel W. Sullivan Jr

511 24 1010 N. Arlington Ave



52 10168

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10168

Registered No.

BIRTH NO. *S-452-26707*

1. NAME OF DECEASED (Type or Print) <i>BABY GIRL SELLERS</i>		2. DATE OF DEATH <i>November 1, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for Women of Maryland</i>		C. CITY OR TOWN <i>Baltimore-29-28-04</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>4613 Maumond Road</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. B. DATE OF BIRTH <i>November 3, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. AGE (In years last birthday) <i>1</i> Months <i>4</i> Days <i>31</i> Min.	
10B. KIND OF BUSINESS OR INDUSTRY		12. BIRTHPLACE (State or foreign country) <i>Baltimore - Maryland</i>	
13. FATHER'S NAME <i>Matthew Bacon Sellers</i>		14. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. *776X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Prematurity**28hr 23m*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-31*, 19*52*, to *11-1*, 19*52* that I last saw the deceased alive on *11-1*, 19*52*, and that death occurred at *6:00* P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL NOV 5 1952

322

52 10169

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10169

Registered No.

1. NAME OF DECEASED

(Type or Print)

Phoebe Wilmer Hodges

2. DATE

OF

DEATH

Nov 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

1726 ST. Paul ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

12-05

D. STREET ADDRESS (If rural, give location)

1726 ST Paul ST

Length of stay in Baltimore

Life

87 Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept 6, 1865

9. AGE (In years

last birthday)

87

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Charles Wilmer

14. MOTHER'S MAIDEN NAME

Mary Whittingham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

✓

17. INFORMANT

ADDRESS

Miss Hodges 1726 ST Paul ST

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Essential Hypertension, Cerebral
thrombosis myocardial
congestive failure
arterio-sclerosis
cardiac hypertrophy30 years
5 days
(Failure)

30 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1946 to Nov 6, 1952, that I last saw the deceased alive on Nov 5, 1952, and that death occurred at 4:50 AM., from the causes and on the date stated above.

23A. SIGNATURE

Nathaniel G. Hills

M. D.

23B. ADDRESS

15 E Eager st Balto Md

23C. DATE SIGNED

NOV 6, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1952

Huntington Williams, M.D.

John F. Leif

5209 York Rd

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

520

52 10170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10170
Registered No.

1. NAME OF DECEASED (Type or Print) Esther Jones			2. DATE OF DEATH Nov. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Johns Hopkins Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2113 Madison Ave		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-3-1883		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) W. Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Tucker			14. MOTHER'S MAIDEN NAME Eliza Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

1B. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH ?
	(A) CORONARY ARTERIAL DISEASE DUE TO		
	(B) ARTERIO SCLEROSIS - DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Biliary fistula & abdominal wall abscess - sterile -			
19A. DATE OF OPERATION 10.3.52	19B. MAJOR FINDINGS OF OPERATION cholecystoduodenal fistula - chronic cholecystitis -		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9/25**, 19**52**, to **11/4**, 19**52**, that I last saw the deceased alive on **11/4**, 19**52** and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE J. Ralph Owen Jr.	M. D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 11.4.52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 8-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Balto
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS James Astor 638 N. Gwyn St

MEDICAL CERTIFICATION

19520610161

1110

CERTIFICATE OF DEATH

10100

Blank certificate form with horizontal lines and two punch holes on the right side.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10171

Registered No. _____

BIRTH NO. *22-26054*

1. NAME OF DECEASED (Type or Print) <i>Daniel Sterling Carroll</i>			2. DATE OF DEATH <i>11/2/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>39 Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 15-01</i>		
6. Length of stay in Baltimore <i>5</i> Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days			D. STREET ADDRESS (If rural, give location) <i>1553 Leslie St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10/27/52</i>	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Balto, Md.</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Joseph Carroll</i>			14. MOTHER'S MAIDEN NAME <i>Mary Jones</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mother Jame</i>		

<p>18. <i>776x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>CAUSE OF DEATH <i>Premature Birth</i></p> <p>INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i></p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>(A) DUE TO <i>Multiple Pregnancy (Turns)</i></p> <p>(B) DUE TO _____</p> <p>(C) _____</p>
---	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/27*, 19*52*, to *11/2*, 19*52* that I last saw the deceased alive on *11/2*, 19*52*, and that death occurred at *9:00* a. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Ralph W. Neill</i>	23B. ADDRESS <i>426 N. Gilman St</i>	23C. DATE SIGNED <i>11/3/52</i>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>NOV 6 1952</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS
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VS 150

1952-0010102

MEDICAL CERTIFICATION

410
52 10172BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10172
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH IDA WOLF			2. DATE OF DEATH Nov. 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2042 Orleans St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04		
D. STREET ADDRESS (If rural, give location) 2042 Orleans St.					
Length of stay in Baltimore life			Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 17, 1884	9. AGE (In years last birthday) 68	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Christian Driver			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Wm. C. Wolf, son, 426 N. Milton Ave.		
18. 191X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Generalized Carcinomatous DUE TO (B) Ca of thigh DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2 yrs.					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION July 11, 1952		19B. MAJOR FINDINGS OF OPERATION metastatic tumor - left thigh		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 2, 1952, to 11/5/52, 1952, that I last saw the deceased alive on 11/5, 1952, and that death occurred at 9:30 a. m., from the causes and on the date stated above.					
23A. SIGNATURE J. H. H. H.		23B. ADDRESS 2601 E. Madison St. M. D.		23C. DATE SIGNED 11/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 8, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Schumnek Funeral Home, Inc. 2601-3-5 E. Madison St.	

316
52 10173BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10173
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MR GEORGE A. STEIVER		2. DATE OF DEATH 11-4-52.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION 833 N. LAKEWOOD AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, 7-02			
C. Length of stay in Baltimore 30 yrs.		D. STREET ADDRESS (If rural, give location) 833 N. LAKEWOOD AVE			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/16/1875	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barge Capt.		10B. KIND OF BUSINESS OR INDUSTRY Western Md. R. R.		11. BIRTHPLACE (State or foreign country) PENNA.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Wilson Steiver		14. MOTHER'S MAIDEN NAME Amelia Arbogast	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Pauline Connor, dght, Glen Arm, Md.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterograde Heart Disease DUE TO Coronary Vascular Accident DUE TO Coronary Arteriosclerosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) None		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None	
21D. TIME (Month) (Day) (Year) (Hour) None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> m.		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Sept , 1951, to 4 Nov. , 1952, that I last saw the deceased alive on 4 Nov. , 1952, and that death occurred at 7:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles P. Jimmy Dill		23B. ADDRESS 2722 E. Monument St		23C. DATE SIGNED 11/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 7, 1952		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY Baltimore, Md.		24F. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

19520010164

5-10-58

WILLIAM S. BROWN, JR.

10-10-58

CERTIFICATE OF DEATH

State of New York

WILLIAM S. BROWN, JR.

DECEASED

WILLIAM S. BROWN, JR.

DECEASED

WILLIAM S. BROWN, JR.

DECEASED

WILLIAM S. BROWN, JR.

DECEASED

WILLIAM S. BROWN, JR.

DECEASED

WILLIAM S. BROWN, JR.

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WILLIAM S. BROWN, JR.

WILLIAM S. BROWN, JR.

WILLIAM S. BROWN, JR.

WILLIAM S. BROWN, JR.

WILLIAM S. BROWN, JR.

10-10-58

452
52 10174BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10174
Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM G. COLLINS		2. DATE OF DEATH 11/6/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-48	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6201 York Road #12	
5. SEX M	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) Married	8. DATE OF BIRTH 6/17/1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk		9. AGE (In years last birthday) 75	
10B. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.		11. BIRTHPLACE (State or foreign country) Liverpool England	
13. FATHER'S NAME William Collins		12. CITIZEN OF WHAT COUNTRY? England	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Anne (Unknown)	
16. SOCIAL SECURITY NO. 442-10-4032		17. INFORMANT Florance W. Collins	
18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Decompensation		ADDRESS 6201 York Rd.	
DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardiovascular Disease & Coronary Insufficiency			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Artemia			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/6/52 19, to 11/6/52 19, that I last saw the deceased alive on 3:12 PM 19, and that death occurred at 3:30 PM m., from the causes and on the date stated above.			
23A. SIGNATURE August Soosaar		23B. ADDRESS Lutheran Hosp. of Md.	
23C. DATE SIGNED 11/6/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/7/1952	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge		24D. LOCATION (City, town, or county) (State) Pikesville Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Cook Inc.		ADDRESS 1217 St. Paul St.	

-632
52 10175BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10175

BIRTH NO.		2. DATE OF DEATH November 6, 1952	
1. NAME OF DECEASED (Type or Print) Britcher, John Henry		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore #18 12-01	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital Yrs. Mos. Days Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 3620 Greenmount Avenue #12	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 8/23/1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) St. Car. Conductor		10B. KIND OF BUSINESS OR INDUSTRY Balt. Transit Co.	9. AGE (In years last birthday) 63
11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME (Unknown) Britcher		14. MOTHER'S MAIDEN NAME Sarah (Unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-09-3702	
17. INFORMANT Francis Britcher		83 ADDRESS Bradhurst Rd	
18. 420.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY CORONARY OCCLUSION WITH ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) MYOCARDIAL INFARCTION (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 28, 1952 to November 6, 1952 that I last saw the deceased alive on Nov. 6, 1952, and that death occurred at 4:05 a.m., from the causes and on the date stated above.			
23A. SIGNATURE R. Evans		23B. ADDRESS 1400 N. Caroline Street	
23C. DATE SIGNED Nov. 6, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/8/52	
24C. NAME OF CEMETERY OR CREMATORY London Park		24D. LOCATION (City, town, or county) (State) Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook Inc.		ADDRESS 1217 St. Paul St.	

631 510100

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EX-107 8



52 10176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10176

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine A. Wittig

2. DATE
OF
DEATH

11/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2219 Poplar Grove St.

Yrs.

Mos.

Days

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 15-47

D. STREET ADDRESS (If rural, give location)

2219 Poplar Grove St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 1, 1952, to Nov 8, 1952, that I last saw the deceased alive on Nov 5, 1952, and that death occurred at 10:35 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

620
52 10177BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10177

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary Anna Krug		November 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Twilight Nursing Home 1913 Eutaw Place		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5300 Beaufort Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 18, 1885	9. AGE (In years last birthday) 67	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Dayton, Ohio	
13. FATHER'S NAME George W. Hay		14. MOTHER'S MAIDEN NAME Theobista Stemmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Charles J. Krug, 5300 Beaufort Avenue	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO <i>Coronary Artery Disease with cerebral embolism</i> (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 4 days	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan, 1952, to Nov 5, 1952, that I last saw the deceased alive on Nov 4, 1952, and that death occurred at 6 A.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard M. Kelman</i>		23B. ADDRESS 3700 Park Heights Ave		23C. DATE SIGNED 4/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/7/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery	
24D. LOCATION (City, town, or county) Woodlawn, Maryland		25. FUNERAL DIRECTOR Huntington Williams, M.P. Wm. Cook, Inc., 1217 St. Paul Street			

1121

12. 4/10/2007

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

4 M-630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10178
Registered No.

BIRTH NO. 52 10178

1. NAME OF DECEASED
(Type or Print)

MR. STELLA B. Marriott

2. DATE
OF
DEATH

11-6-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

C. Length of stay in Baltimore

47 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

A-W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

John Zepner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Emma Buttage

17. INFORMANT

ADDRESS

Mrs. Virginia Wiest 1430 Hollins

18. 442X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27-1952, to 11-6-1952, that I last saw the
deceased alive on 11-6-1952, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1952

Huntington Williams, M.D.

Harry A. Whitely, 4101 Edmondson

110
1

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CERTIFICATE OF DEATH

FILED
1900
JAN 10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10179
Registered No.52 10179
J-525
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

JAMES

JOHNSON

2. DATE
OF
DEATH

November 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

659 W. Fayette Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

1904

9. AGE (In years
last birthday)

48

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Plumber's Helper

W.M. Sussman

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Josephine Hill - 659 - W. Saratoga St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23c. DATE SIGNED
11/3/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AB-164353

F-5-34

52 10180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10180

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin Fauntleroy

2. DATE
OF
DEATH

Nov. 3-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 12-1883

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

L.A.B.
Joseph

14. MOTHER'S MAIDEN NAME

Ruth Blackston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT 4940 Eastern Ave. ADDRESS
Records: Baltimore City Hospitals

18. 434.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cor Pulmonale

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24-52, 1952, to 11-3-52, 1952 that I last saw the
deceased alive on 11-3-52, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

23A. SIGNATURE

H. Johnston

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

11-4-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/8/52

Int. Auburn Cemetery

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1952

H. Johnston

H. Johnston

D. Halstead - 918 - Sprind Street

VS 150

97099

BALTIMORE CIVIL HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DECEASED'S NAME

DATE OF DEATH

AGE

SEX

RACE

EDUCATION

PLACE OF BIRTH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S RELIGION

DECEASED'S SOCIAL SECURITY NUMBER

DECEASED'S SIGNATURE

DECEASED'S DATE OF BIRTH

DECEASED'S PLACE OF BIRTH

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S RELIGION

DECEASED'S SOCIAL SECURITY NUMBER

K-453

52 10181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10181
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William Kline Dist</i>		2. DATE OF DEATH " / 5 / 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> 20-06			
C. Length of stay in Baltimore <i>25 Yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>3136 Stafford St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	B. DATE OF BIRTH <i>July 22-1903</i>	9. AGE (In years last birthday) <i>49</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>TRUCKING</i>		11. BIRTHPLACE (State or foreign country) <i>York Pa.</i>	
13. FATHER'S NAME <i>Charles G. Klinedinst</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Mackell</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>212-09-1352</i>		17. INFORMANT <i>Dorothy Klinedinst</i>	
18. <i>410X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Rheumatic Heart Disease</i> DUE TO (B) <i>Mitral Stenosis & mural thrombus</i> DUE TO <i>Congestive Heart Failure</i> (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Old Subdural Hematoma - Right.</i>					
19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>No accident</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>No injury</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>No injury</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>No injury</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>No injury</i>	
22. I hereby certify that I attended the deceased from <i>" / 6 / 52</i> , 19, to <i>" / 5 / 52</i> , 19, that I last saw the deceased alive on <i>" / 6 / 52</i> , 19, and that death occurred at <i>8:30 Pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Samuel W. Deisher</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>" / 6 / 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 10, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore md.</i>		24E. FUNERAL DIRECTOR <i>Henry E. Dill</i>		24F. ADDRESS <i>3109 Fredk. Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Henry E. Dill</i>	

1952068352

P-235
52 10182
MLB.164089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10182
Registered No.

1. NAME OF DECEASED (Type or Print) Nellie Pazdan			2. DATE OF DEATH 11-5-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-04		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 940 S. Kenwood Ave					
c. Length of stay in Baltimore 15 yrs			Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 27-1902		9. AGE (In years last birthday) 50 yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Kierst			14. MOTHER'S MAIDEN NAME Anna Kub		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. RECORD ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave. Balto Md.		

18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart Disease DUE TO Auricular Fibrillation DUE TO Multiple Embolis to the Abdominal Cavity. Saddle embolus of the terminal Aorta		INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-15 , 19 52 , to 11-5- , 19 52 , that I last saw the deceased alive on 11-5- , 19 52 , and that death occurred at 8:00 P.M. from the causes and on the date stated above.					
23A. SIGNATURE H-C. Jones Doc.		23B. ADDRESS 4940 Eastern Ave. Balto Md.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE NOV. 10/1952		24C. NAME OF CEMETERY OR CREMATORY STANISLAUS CEM.	
24D. LOCATION (City, town, or county) (State) DUNDALK AVE		25. FUNERAL DIRECTOR STEPHEN J. FIALKOWSKI INC		ADDRESS	

NOV 7 - 1952
1000 S. KENWOOD AVE

1918

CERTIFICATE OF DEATH

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B-325

52 10183

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

52 10183

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Joseph Batson		11-5-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1421 Ashland Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1421 Ashland Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1885	9. AGE (In years last birthday) 67	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Batson			14. MOTHER'S MAIDEN NAME Ross Gant		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Mrs. Mary Batson 1421 Ashland Ave		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cancer of liver DUE TO (B) Cancer of lung DUE TO (C) Cancer of prostate primary ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION July 1952		19B. MAJOR FINDINGS OF OPERATION Cancer of Prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 5, 1952, to Nov 3, 1952, that I last saw the deceased alive on Nov 3, 1952 and that death occurred at 8:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE George R. Adams M.D.		23B. ADDRESS 2327 W. North Ave		23C. DATE SIGNED 11-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-8-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	
24D. LOCATION (City, town, or county) (State) A.A. Co., Md.		25. FUNERAL DIRECTOR ADDRESS Rayner Sanders 217 E. Preston St.			

MEDICAL CERTIFICATION

52 097099

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Blank certificate form with horizontal lines for text entry.

0-165
52 10184BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10184
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) Richard Oberender

2. DATE
OF
DEATH

Nov. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Halethrope

D. STREET ADDRESS (If rural, give location)

5634 Carville Ave. 5300

C. Length of stay in Baltimore

70yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct. 27, 1872

9. AGE (In years

80

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pipe Fitter

10B. KIND OF BUSINESS OR INDUSTRY

Retired

13. FATHER'S NAME

Oberender

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Geo. F. Judge 5634 Carville Ave. 27

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cardiac Failure
DUE TO Atherosclerotic C. V. D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hemiplegia - rt
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27 1952 to 11-6 1952, that I last saw the deceased alive on 11-6 1952, and that death occurred at 12:00 PM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

George H. H. H.

M. D.

St. Agnes Hospital

11-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 10/52

Jerusalem Ce.

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1952

Huntington Williams, M.D.

Philip Henry, M.D.

2024 Orleans St

0520010175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10185

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK DORSEY

2. DATE
OF
DEATH

Nov. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-03

D. STREET ADDRESS (If rural, give location)

830 George Street

Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2/14/95

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Rustless Steel

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

John W. Dorsey

PROTD (M)

14. MOTHER'S MAIDEN NAME

Minnie Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WW#1

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

John H. Dorsey 1114 N. Carrollton Ave

18. E 903.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cranio-cerebral injury

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

industrial place

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Rustless Steel Co.-3400 E. Chase Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

November 3, 1952 2:00 P.M.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell over and struck head on floor

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
MEDICAL INVESTIGATOR.....☐ Nov. 5, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/8/52

24C. NAME OF CEMETERY OR CREMATORY

Ricestown Md.

24D. LOCATION (City, town, or county)

Ricestown, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

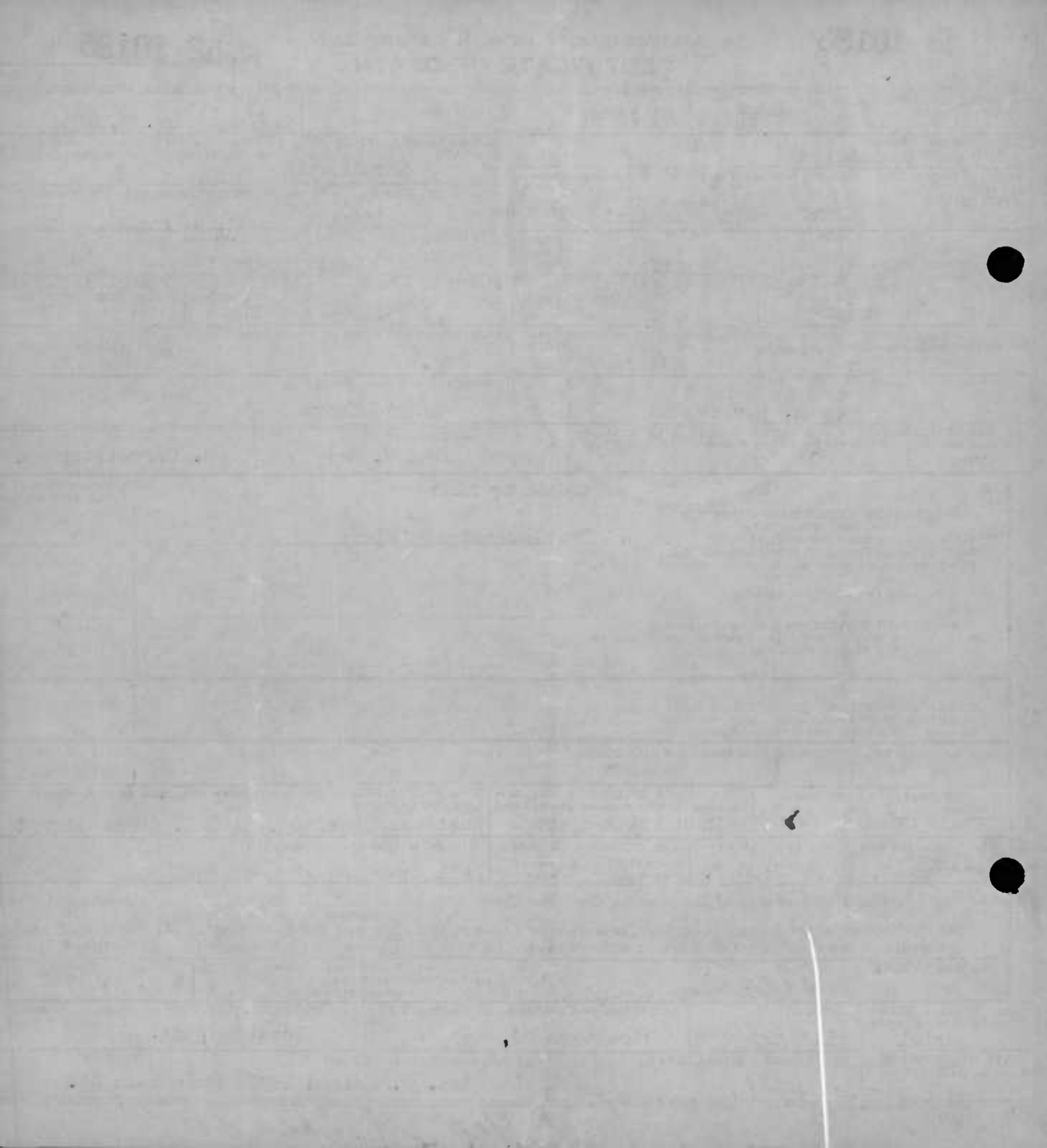
25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

V78-11852

N 8503.2 5 2 09703D Geo. G. Kelson



626

52 10186

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10186

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SAMUEL GRIFFITH CROCKER		2. DATE OF DEATH Nov. 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4613 Wilmslow Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4613 Wilmslow Rd.			
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15, 1882	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Balto. Co. Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel G. Crocker			14. MOTHER'S MAIDEN NAME Letitia Davis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. James G. Crocker 1630 Md. Ave.		
18. 350X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Stroke - Adams Attain		2 hours.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Generalized arteriosclerosis		Unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) Parkinson's disease severe		Unknown	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 1947 to March 10, 1952 , that I last saw the deceased alive on March 10, 1952 and that death occurred at 6:05 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John L. Osborne		23B. ADDRESS 5600 Harford Rd.		23C. DATE SIGNED Nov 7 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-8-52		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cem.	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. FUNERAL DIRECTOR Wm. J. Tubner & Sons Inc. Balto. Md.		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

45073

25-10126

RECEIVED BY THE
CENTRAL BUREAU OF INVESTIGATION

25-10126

U. S. A.
100-4575
BOND

CONCRETE
VALLEY

1-1

RECEIVED BY THE
CENTRAL BUREAU OF INVESTIGATION

JUN 22

1942

-620

J - 163554

52 10187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10187

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Katherine Burch			2. DATE OF DEATH 11-6-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02		
D. STREET ADDRESS (If rural, give location) 2028 MtRoyal Ave.-17 Ter					
c. Length of stay in Baltimore Life			Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 15, 1877		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) registered nurse			10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Augustus Hartman		
14. MOTHER'S MAIDEN NAME Katherine E. --			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of large bowel C Metastasis		INTERVAL BETWEEN ONSET AND DEATH ?
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-27-52 , 19 52 , to Nov. 6 , 19 52 , that I last saw the deceased alive on Nov. 6 , 19 52 , and that death occurred at 7.40PM , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Pickens		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 11-6-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/8/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Pickens & Sons		ADDRESS	
NOV 7 1952							
19520010170 Balto 17, Md.							

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

11

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11-11-11

242
52 10188BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10188
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie ADELE PAGES

2. DATE
OF
DEATH

11-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

MARYLAND GENERAL HOSP.

C. Length of stay in Baltimore

LIFE Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9-15-73

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

13. FATHER'S NAME

George H. PAGES

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

BARBARA HEILER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Marie P. Wylie-700 Park Ave. Balto.

18. 175X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) ADENOCARCINOMA, Ovary
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

6 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

FECAL FISTULA

44 DAYS

19A. DATE OF OPERATION

9-22-52

19B. MAJOR FINDINGS OF OPERATION

ADENOCARCINOMA Ovary ext. to sigmoid

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7-52, 19, to 11-6-52, that I last saw the
deceased alive on 11-5-52, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

11-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/8/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickens & Sons

VS 150

19520010179

Balto 17, Md

315
52 10189BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10189

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MISS AMNA STEVENSON

2. DATE
OF
DEATH

Nov 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Towson 4

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

24 A W. Pa. Ave

Length of stay in Baltimore

Home - Towson

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 3, 1871

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Family wife

10B. KIND OF BUSINESS OR
INDUSTRY

Family wife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

American

13. FATHER'S NAME

Washington Stevenson

14. MOTHER'S MAIDEN NAME

Anne Gough

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. RW Gardner 24 W Pa Ave. Towson

ADDRESS

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

acute gastric dilatation

18 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

generalized arteriosclerosis

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased ~~Nov~~ Nov 6 1952, that I last saw the
deceased alive on Nov 6, 1952, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23. SIGNATURE

J. D. Hubbard

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Nov 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county)

Towson, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1952

Huntington Williams, M.D.

John Burns' Sons, Towson, Md.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10190

Registered No.

BIRTH NO.

52 10190

1. NAME OF DECEASED
(Type or Print)

MARY

TRAYHAN

2. DATE
OF
DEATH

November 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

116 S. Carolina Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Cernish 118 S. Carolina S

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

Nov. 4, 1952

MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/7/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cen.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

0201 30

00104 33



52 10191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10191
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE L. LASSITER

2. DATE
OF
DEATH November 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

720 N. Fremont Avenue

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 4 1899

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR INDUSTRY

Barber Shop

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Lassiter

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marie Lassiter 720 N. Fremont Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....☒

Nov. 6, 1952

MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/9/1952

Mt Arburn Cem.

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Elroy Wilson 1101 Brantly

NOV 11 - 1952

105207408582

10/10/52

STANDARD TELETYPE

10/10/52

RE: [illegible] [illegible] [illegible]

10/10/52

52 10192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Dr. Edward Plummer		2. DATE OF DEATH 11/6/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3405 Copley Road		E. LENGTH OF STAY IN BALTIMORE 80 Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 2, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10B. KIND OF BUSINESS OR INDUSTRY General Medicine	9. AGE (In years last birthday) 81
11. BIRTHPLACE (State or foreign country) Great Britain		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Edward Plummer		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Theodora M.M. Plummer		ADDRESS 3405 Copley Road	

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) _____

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

MYOCARDIAL FAILURE
HAS CVD

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 3**, 19**52**, to **Nov 6**, 19**52**, that I last saw the deceased alive on **Nov 6**, 19**52**, and that death occurred at **11 a.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial**11 - 10 - 52****Loudon Park****Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

VS 150

52 10192
52 10192

8-10138

CALIFORNIA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10138

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52 10194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10194

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRED W. HOFSTETTER

2. DATE
OF
DEATH

Nov 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 20, 1894

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

gas & electric

13. FATHER'S NAME

Edward Hofstetter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Dolly Sudbrink

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) acute coronary occlusion

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

7-8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arterio sclerosis heart disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1952, to 11/6, 1952, that I last saw the
deceased alive on 11/6, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. H. Firming

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/10/52

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Blanche Hoffmann 1639 Broadway

1911

1911

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

52 10195

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH

52 10195

BIRTH NO.

MLB. 164344

1. NAME OF DECEASED
(Type or Print)

Frances Brown

2. DATE
OF
DEATH

11-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)A. STATE
Baltimore

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)
Baltimore City Hospitals
4940 Eastern AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Maryland

D. STREET ADDRESS (If rural, give location)

1109 Woodheight Ave zone 15

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec 18, 1878

9. AGE (In years
last birthday)

72 yrs

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Ford

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio-sclerotic Heart Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23, 1952 to 11-6, 1952 that I last saw the
deceased alive on 11-6, 1952, and that death occurred at 11:00 A.M. on the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson, Jr.

M. D.

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

11-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1950

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

STATE OF NEW YORK

IN SENATE

January 10, 1950

REPORT OF THE

COMMISSIONERS OF THE

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

FOR THE YEAR 1949

(1949)

ALBANY

1950

PRINTED BY THE

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

7

1

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

ALBANY

REPORT OF THE COMMISSIONERS OF THE

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

ALBANY

FOR THE YEAR 1949

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

ALBANY

PRINTED BY THE

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

ALBANY

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

ALBANY

1950

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

ALBANY

1950

A 4 1

52 10196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10196
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mollie Gordon</i>		2. DATE OF DEATH <i>Nov. 6, 1952</i> ^{107 AM}	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2828 N. Calvert St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2828 N. Calvert Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>12-03</i>			
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2828 N. Calvert Street</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 1, 1885</i>		9. AGE (In years last birthday) <i>64</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>Adam Becker</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mary E. Baier</i>	
17. INFORMANT <i>Mrs. Eunice Coates</i>		ADDRESS <i>3312 Howard Ave</i>			

18. <i>443X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs.</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Uræmia</i>			
ANTECEDENT CAUSES		(B) <i>Hypertensive Cardio-Vascular Disease</i>		<i>3 yrs.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Jan*, 1948, to *Nov 6*, 1952, that I last saw the deceased alive on *Nov 5*, 1952, and that death occurred at *1 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Michael A. Adams</i>		23B. ADDRESS <i>1820 Cullen place</i>		23C. DATE SIGNED <i>Nov. 7, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 10, 52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	
24D. LOCATION (City, town, or county) <i>Pikesville Maryland</i>		25. FUNERAL DIRECTOR <i>Spring Byers</i>		ADDRESS <i>5005 E. Johns</i>	

DATE RECEIVED BY LOCAL REGISTRAR
Huntington Williams

VS 150

NOV 7 - 1952

1952 0010107

MEDICAL CERTIFICATION

4 Trane

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10197
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCIS XAVIER BUSCHMAN

2. DATE
OF
DEATH

Nov. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U.S. Public Health Service location)
INSTITUTION

Wyman Pk. Drive & 1st Street

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/1/99

9. AGE (In years
last birthday)

54

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Lord Balto, Press

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

August Buschman

14. MOTHER'S MAIDEN NAME

Marie purzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

W I

USN

16. SOCIAL
SECURITY NO.

217-09-6815

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 145X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of right tonsillar
fossa, with massive hemorrhage.

6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1952, to Nov. 6, 1952, that I last saw the
deceased alive on Nov. 6, 1952, and that death occurred at 7:15A m., from the causes and on the date stated above.23A. SIGNATURE
J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS
US PHS Hospital, Balto, Md.23C. DATE SIGNED
11/6/5224A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

NOV 7 - 1952

53804210

620

52 10198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10198
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA K. MARCH

2. DATE

OF

DEATH

Nov. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

3453 Mayfield Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

3453 Mayfield Avenue

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months

If Under 24 Hours

Hours; Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chambersburg, Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George L. Gruss

14. MOTHER'S MAIDEN NAME

Christina ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George E. March, 3453 Mayfield

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Cardiac Dilatation

2 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Ch. Myocarditis.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to Nov. 5, 1952, that I last saw the
deceased alive on Nov 5, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/8/52

Western Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

NOV 7 - 1952

Huntington Withers, M. Leonard J. Ruck, 5305 Harford Road.

MEDICAL CERTIFICATION

1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1918

Nov. 5, 1918

Harding
5 Belair Rd.

52 10199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10199

1. NAME OF DECEASED (Type or Print) <i>Ethel PAINTER Kuhns</i>			2. DATE OF DEATH <i>Nov. 6 - 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>12-81</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 3908 N. Charles</i>		
Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>Warrington Apts</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11-15-80</i>	9. AGE (in years last birthday) <i>72</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		
13. FATHER'S NAME <i>William Painter</i>			14. MOTHER'S MAIDEN NAME <i>Harriet Deacon</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Acute myocardial infarction</i> DUE TO (B) <i>Hypertensive arteriosclerosis</i> DUE TO (C) <i>Cardiovascular Disease</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>10-26-1950</i> to <i>11-6-1952</i> , that I last saw the deceased alive on <i>11-6-1952</i> , and that death occurred at <i>11:30</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Norman E. Shaver</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11-6-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov-8-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Duvid Ridge Cemetery</i>
24D. LOCATION (City, town, or county) <i>Pikesville, Maryland</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.B. Stewart & Mowen Co., 108 W. North Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.B. Stewart & Mowen Co., 108 W. North Ave.</i>	

VS 150

1952 0010199

City #1.

MEDICAL CERTIFICATION

09101 87

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

09101 87

DATE OF BIRTH
PLACE OF BIRTH

CAUSE OF DEATH

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
This is to certify that the above named person
has died at the place and on the date
herein stated, and that the cause of death
is as stated in the above.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

552

52 10200

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10200

Registered No.

1. NAME OF DECEASED (Type or Print) Joseph L. (Joseph L. Manning) Manning		2. DATE OF DEATH Nov. 4. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Md. General Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Md. General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CITY 13-06	
6. LENGTH OF STAY IN BALTIMORE Life.		D. STREET ADDRESS (If rural, give location) 3448 Hickory Ave #11	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED WIDOWED , DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 15, 1889
9. AGE (In years last birthday) 62		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) watchman		10B. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James B. Manning		14. MOTHER'S MAIDEN NAME Anna Scully	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 217-22-4876	
17. INFORMANT Mrs. Grace M. Madden		ADDRESS 2512 Hamilton Avenue	
18. 181X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Croup laryngitis.	
ANTECEDENT CAUSES		(B) Fistula from larynx	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Hydro-nephrosis & hydro-ureter (left)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Branchio-pneumonia	
19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/5, 1952 to 11/6, 1952 , that I last saw the deceased alive on 11/4, 1952 , and that death occurred at 7:15 m., from the causes and on the date stated above.			
23A. SIGNATURE Lester Bakhair		23B. ADDRESS Maryland General Hospital	23C. DATE SIGNED 11/5/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-8-1952	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Edmondson Avenue, Balto: Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George J. Ruth, Inc. ADDRESS 1735 Harford Avenue	

MEDICAL CERTIFICATION

VS 150

576399

(Continued)

10/15/52

(Continued)

10/15/52

10/15/52

10/15/52

10/15/52

10/15/52

10/15/52

10/15/52

10/15/52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10201
Registered No.52 10201
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		LUCY M. BRICE (Smith)		2. DATE OF DEATH		Nov. 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township) 22-01			
D. STREET ADDRESS (If rural, give location) 119 Welcome Alley				Yrs. Mos. Days			
Length of stay in Baltimore				8. DATE OF BIRTH			
SEX female		6. COLOR OR RACE colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced		9. AGE (In years last birthday) 49	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic				10B. KIND OF BUSINESS OR INDUSTRY Day's Work			
11. BIRTHPLACE (State or foreign country) Winston Salem, N.C.				12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Walter W. Smith				14. MOTHER'S MAIDEN NAME Bertha Hairston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Ida Brown, 119 Welcome Alley			
18. 463X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Thrombophlebitis of left leg with massive pulmonary embolism DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 7, 1952	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 11/11/52		24C. NAME OF CEMETERY OR CREMATORY Hairston Cemetery	
24D. LOCATION (City, town, or county) Winston Salem, N.C.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Charles R. Law		24H. ADDRESS 802 Madison Ave.			

500
52 10202BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10202
NOV 6, 1952

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bernard E. Lam			2. DATE OF DEATH Balto., Md		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 605 W. Cross St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 605 W. Cross St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 4/26/96	9. AGE (In years last birthday) 56	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY BETHLEHEM STEEL		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME BERNARD C. LAM Shipyard.			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 214-20-4049		
17. INFORMANT Taka Enn Hospital Records			ADDRESS		
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Diabetic Sclerosis (B) Cerebral Sclerosis (C) INTERVAL BETWEEN ONSET AND DEATH 5 days			CAUSE OF DEATH Bm Secours Hosp.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/25, 1952 to NOV. 5, 1952, that I last saw the deceased alive on NOV 5, 1952, and that death occurred at 6:00 P.M., from the causes and on the date stated above.					
23A. SIGNATURE J. Emmett Green			23B. ADDRESS M.D. 100 State St. - Balto., Md		23C. DATE SIGNED Nov 7, 1952
24A. BURIAL, CREMATION, REMOVAL REMOVAL	24B. DATE 11/7/52	24C. NAME OF CEMETERY OR CREMATORY ELKTON		24D. LOCATION (City, town, or county) (State) ELKTON, VIRGINIA	
DATE RECEIVED BY LOCAL REGISTRAR NOV 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc. 1217 St. Paul St.	

12 1985

CERTIFICATE OF DEATH

12 1985

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death		6. Place of Death		7. Cause of Death		8. Manner of Death		9. Signature of Registrar		10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10203

Registered No.

52 10203

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>A. Louis Waters</i>		2. DATE OF DEATH <i>Nov. 4, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>559 Presetman St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>	
6. LENGTH OF STAY IN BALTIMORE <i>69 yrs. 94 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>559 Presetman St.</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>Colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>Sept 17, 1883</i>
11. AGE (In years last birthday) <i>69</i>	12. AGE (In years last birthday) <i>69</i>	13. IF Under 1 Year Months: Days	14. IF Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mail carrier</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>U. S. Post Office</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>William Waters</i>		14. MOTHER'S MAIDEN NAME <i>Cornelia Ridgley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Maud N. Waters</i>		18. ADDRESS OF INFORMANT <i>559 Presetman St.</i>	

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Coronary Thrombosis
Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

2 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-2-52*, to *11-4-52*, that I last saw the deceased alive on *11-4-52*, and that death occurred at *11 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE *D. Graham Higgins* M. D. 23B. ADDRESS *2243 Madison Ave* 23C. DATE SIGNED *11-6-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 8, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Ballard Funeral Home</i>	ADDRESS <i>1651 Druid Hill Ave</i>

MEDICAL CERTIFICATION

4 50
52 10204 10246BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH552 10204
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM M. CALLAHAN

2. DATE
OF
DEATH November 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1618 Shakespeare Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 12, 1886

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant Seaman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chicago, Illinois

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Callahan

14. MOTHER'S MAIDEN NAME

Elizabeth McGill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Owens Funeral Home, Whiting, Indiana

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

Nov. 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

11/7/52

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's Cemetery

24D. LOCATION (City, town, or county)

Hammond, Indiana

(State)

DATE RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 7 - 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

100-155

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

2-10

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-155)
SUBJECT: [Illegible]
DATE: 2-10-68

[Illegible handwritten notes]

[Illegible handwritten notes]

[Illegible handwritten notes]

[Illegible handwritten notes]

[Illegible handwritten notes]

600
52 10205
BIRTH NO. 52-26288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10205
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Parr</i> (Michael Joseph Parr)			2. DATE OF DEATH <i>Nov. 7, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>MERCY HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i> <i>9-01</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>600 Wyanoke Ave.</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Nov. 1, 1902</i>	9. AGE (in years last birthday)	H Under 1 Year Months: Days <i>7</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore MARYLAND</i>	
13. FATHER'S NAME <i>GEORGE T. PARR</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i> <i>None</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>Mr. George T. Parr</i>			ADDRESS <i>600 Wyanoke Avenue</i>		

18. <i>776x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 1, 1952</i> to <i>Nov. 7, 1952</i> , that I last saw the deceased alive on <i>Nov. 7, 1952</i> , and that death occurred at <i>2:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Martina Tirone - Certosa</i> M. D.		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>11-7-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-8-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Belair Rd. Balto: Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 8 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>George J. Ruth, Inc.</i>	
				ADDRESS <i>-1735 Harford Avenue</i>	

520010126

15 11505

(Aluminum Sample Water)

15 11505

WATER

11-5-1957

11-5-1957

11-5-1957

11-5-1957

11-5-1957

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11-5-1957

320
52 10206BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10206
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN MATTHEWS

2. DATE
OF DEATH
Nov. 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

Baltimore City Morgue

Yrs.
Mos.
Days

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

263 Hoffman Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-28-1889

9. AGE (In years
last birthday)

65

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John Matthews

14. MOTHER'S MAIDEN NAME

Georgeanna Church

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

219-30-5879

17. INFORMANT

ADDRESS

Jas. B. Carpenter 1013 Penna. Ave.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Nov. 5, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-10-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 8 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Frances G. Hensley Bidder

3387

1891

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530
52 10207BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10207

1. NAME OF DECEASED (Type or Print) Jesse L. Handy			2. DATE OF DEATH Nov. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 607 W. Lafayette Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 607 W. Lafayette Ave		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 14, 1888	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME George Handy			14. MOTHER'S MAIDEN NAME Georganna Pipes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-24-1064		17. INFORMANT Mrs Isabella Handy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-24-1064		ADDRESS 607 W. Lafayette Av.	
18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular (Cerebral) DUE TO (A) Arterio Sclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerosis DUE TO (B) Arterio Sclerosis DUE TO (C) Arterio Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 5 days		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. HOW DID INJURY OCCUR?		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Sept 15, 1952 to Nov 4, 1952 , that I last saw the deceased alive on Nov 4, 1952 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE H. P. Hughes			23B. ADDRESS 825 N. Tremont Ave		
23C. DATE SIGNED 11-7-52			23C. DATE SIGNED 11-7-52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-8-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (City, town, or county) Baltimore, Md.		24F. LOCATION (City, town, or county) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Frances A. Hensley	
25. FUNERAL DIRECTOR Mrs. Frances A. Hensley		25. FUNERAL DIRECTOR Mrs. Frances A. Hensley		25. FUNERAL DIRECTOR Mrs. Frances A. Hensley	

CERTIFICATE OF DEATH

Joseph (Cousin)
John Johnson

500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10208

2 10208

1. NAME OF DECEASED (Type or Print) WILLIAM QUEEN		2. DATE OF DEATH Nov. 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-06	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1706 N. Poplar Grove St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1706 N. Poplar Grove St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen	9. AGE (In years last birthday) 54
13. FATHER'S NAME Mora Queen		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Mr. William Queen		ADDRESS	

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*Hypertensive cardio-vascular disease**2 yrs.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *8.13.*, 19*52*, to *11.6.*, 19*52*, that I last saw the deceased alive on *11.6.*, 19*52*, and that death occurred at *7:15* a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**11-10-52****Mt. Calvary Cem****Anne Arundel Co., Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 8 - 1952*Huntington Williams, Jr.**Mrs. Frances A. Hensley Biddle St.*

9572089010199

MEDICAL CERTIFICATION

2210

560
52 10209BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10209

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HELENE HAMMER		2. DATE OF DEATH November 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1926 Gough Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1926 Gough Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 24, 1888	9. AGE (in years last birthday) 64	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10B. KIND OF BUSINESS OR INDUSTRY Leather Goods		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Thomas Lignowski		14. MOTHER'S MAIDEN NAME Anna Borkowska		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216 09 9811		17. INFORMANT ADDRESS Mrs. Lillian Wisniewski, 109 N. Collington Ave.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio sclerotic cardio vascular disease		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 21, 1952 , to Nov. 6, 1952 , that I last saw the deceased alive on Nov. 3, 1952 , and that death occurred at 12 P.M. from the causes and on the date stated above.					
23A. SIGNATURE Sigmund R. Nowak		23B. ADDRESS 408 S. Patt. Pk. Ave.		23C. DATE SIGNED Nov. 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/10/52		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR M. F. SADOWSKI & SONS, 1808 EASTERN AVENUE		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

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RECEIVED

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520
52 10210
BIRTH NO. MLB.163692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10210

1. NAME OF DECEASED (Type or Print) Henry Thomas			2. DATE OF DEATH 11-1-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) Welcome Alley 22-02		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 10, 1865		9. AGE (in years last birthday) Months: Days 87 yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William (d)			14. MOTHER'S MAIDEN NAME Henrietta ? (d)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY	17. INFORMANT ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11-1-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10-1-52**, 19**52**, to **11-1-**, 19**52** that I last saw the deceased alive on **11-1-**, 19**52**, and that death occurred at **5:20 P.M.** from the causes and on the date stated above.

23A. SIGNATURE **H. E. John Nov.** M. D. 23B. ADDRESS **4940 Eastern Ave, Balto Md.** 23C. DATE SIGNED **11-7-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/8/52	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) German Hill Rd.
DATE RECEIVED BY LOCAL REGISTRAR NOV 8 - 1952		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D. John J. Fahey & Sons 1318 Light St.,	

OFFICE OF DEATH

OFFICE OF DEATH

262
52 10211BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10211

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alfredo Licursi			2. DATE OF DEATH Nov. 6th 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1820 N. Washington St.			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE md. B. COUNTY 8-05		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
C. Length of stay in Baltimore 40 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1820 N. Washington St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 10th 1884		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clark		10B. KIND OF BUSINESS OR INDUSTRY Package Store (Super)		11. BIRTHPLACE (State or foreign country) Italy	
13. FATHER'S NAME Joseph Licursi			14. MOTHER'S MAIDEN NAME Lena Delia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 133-10-0902		
17. INFORMANT Frank Jocci - 1820 N. Washington St.			ADDRESS		

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Coronary occlusion		6 mo.	
ANTECEDENT CAUSES		(B) DUE TO		Atherosclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO		1 yr.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Collagen disease (Collagen disease)			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 1947 , to Nov 5, 1952 , that I last saw the deceased alive on Nov 4, 1952 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Donald L. Rutter		23B. ADDRESS 3128 Hayford Rd		23C. DATE SIGNED 11/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/10/52		24C. NAME OF CEMETERY OR CREMATORY Queen Cathedral	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D. E. J. Fanning, Son - 3207 W. North Ave.			

195239969

RECEIVED

Dr Conrad Pichter

3218 Hartford Rd - B 20

500
52 10212BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10212
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Max Lihane

2. DATE
OF
DEATH

Nov. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/4, 1952 to 11/4, 1952, that I last saw the
deceased alive on 11/4, 1952, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

1918

CERTIFICATE OF DEATH

1918

Name of Deceased		Sex		Age		Date of Death		Place of Death	
John Doe		Male		35		Jan 15, 1918		New York City	
Cause of Death		Disease		Organ		Nature		Site	
Heart Disease		Coronary Artery		Atherosclerosis		Obstruction		Myocardial Infarction	
Duration of Illness		Time of Day		Time of Year		Season		Weather	
10 Days		10:00 AM		Winter		Cold		Clear	
Occupation		Education		Marital Status		Previous Illnesses		Hobbies	
Teacher		High School		Married		None		Reading	
Signature of Physician		Signature of Registrar		Signature of Witness		Signature of Deceased		Signature of Family	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	

455
2 10213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10213
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Alice Elizabeth Coleman</i>			2. DATE OF DEATH <i>11/8/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>603 E. 41st</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Stillpond</i> B. COUNTY <i>Maryland</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>KENT</i>		
C. Length of stay in Baltimore <i>2</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>6400</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 3, 1888</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Stillpond Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Willis K. Hockett</i>			14. MOTHER'S MAIDEN NAME <i>Alice Dalton</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT ADDRESS <i>M. Lester Coleman Stillpond</i>		

18. <i>174X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Anorexia & amenia</i>		CAUSE OF DEATH (A) <i>Metastasis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Carcinoma of uterus.</i>	
		(C)	

19A. DATE OF OPERATION <i>Sept 25, 52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Metastatic Carcinoma of uterus.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Jan 1940</i> to <i>Nov. 8, 1952</i> , that I last saw the deceased alive on <i>Nov 2, 1952</i> , and that death occurred at <i>5:30</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>A. H. Fortune Jr.</i>	23B. ADDRESS <i>2706 St Paul St</i>	23C. DATE SIGNED <i>11/8/52</i>		
24A. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-10-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Stillpond Cmty</i>	24D. LOCATION (City, town, or county) (State) <i>Still Pond, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>B. R. Fellows Still Pond, Md.</i>		

MEDICAL CERTIFICATION

1. NAME OF INDIVIDUAL		2. DATE OF BIRTH		3. PLACE OF BIRTH	
4. SOCIAL SECURITY NUMBER		5. DATE OF DEATH		6. PLACE OF DEATH	
7. MARITAL STATUS		8. OCCUPATION		9. EDUCATION	
10. RELIGION		11. RACE		12. ETHNICITY	
13. SEX		14. HEIGHT		15. WEIGHT	
16. HAIR COLOR		17. EYE COLOR		18. SKIN COLOR	
19. BLOOD TYPE		20. FINGERPRINTS		21. PHOTOGRAPH	
22. SIGNATURE		23. DATE		24. TIME	
25. LOCATION		26. WEATHER		27. COMMENTS	
28. REASON FOR RELEASE		29. AUTHORITY		30. SIGNATURE	
31. DATE		32. TIME		33. LOCATION	
34. WEATHER		35. COMMENTS		36. SIGNATURE	
37. DATE		38. TIME		39. LOCATION	
40. WEATHER		41. COMMENTS		42. SIGNATURE	
43. DATE		44. TIME		45. LOCATION	
46. WEATHER		47. COMMENTS		48. SIGNATURE	
49. DATE		50. TIME		51. LOCATION	
52. WEATHER		53. COMMENTS		54. SIGNATURE	
55. DATE		56. TIME		57. LOCATION	
58. WEATHER		59. COMMENTS		60. SIGNATURE	
61. DATE		62. TIME		63. LOCATION	
64. WEATHER		65. COMMENTS		66. SIGNATURE	
67. DATE		68. TIME		69. LOCATION	
70. WEATHER		71. COMMENTS		72. SIGNATURE	
73. DATE		74. TIME		75. LOCATION	
76. WEATHER		77. COMMENTS		78. SIGNATURE	
79. DATE		80. TIME		81. LOCATION	
82. WEATHER		83. COMMENTS		84. SIGNATURE	
85. DATE		86. TIME		87. LOCATION	
88. WEATHER		89. COMMENTS		90. SIGNATURE	
91. DATE		92. TIME		93. LOCATION	
94. WEATHER		95. COMMENTS		96. SIGNATURE	
97. DATE		98. TIME		99. LOCATION	
100. WEATHER		101. COMMENTS		102. SIGNATURE	

630
52 10214BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10214

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anna Barth</i>		2. DATE OF DEATH <i>11/7/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2208 Jefferson St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 7-03</i>			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2208 Jefferson St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>6/29/1870</i>	9. AGE (In years last birthday) <i>82</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
13. FATHER'S NAME <i>Lammer</i>		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Anna Barth 527 N. Wolfe St</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic heart disease</i>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 16</i> , 19 <i>52</i> , to <i>Sept. 27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Sept. 27</i> , 19 <i>52</i> , and that death occurred at <i>10 a.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. J. McKim</i>		23B. ADDRESS <i>701 N. Penned Ave.</i>		23C. DATE SIGNED <i>11/8/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/10/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. Cook Inc. 1217 St. Paul St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 8 - 1952</i>		REGISTRAR'S SIGNATURE <i>H. H. Williams, M.D.</i>			

455
52 10215BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10215

1. NAME OF DECEASED (Type or Print) <i>Chas. W. Killmon</i>		2. DATE OF DEATH <i>11/7/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>5715 Seymour Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto Lb 01</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5715 Seymour Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3/15/1865</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Building</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Washington Killmon</i>		14. MOTHER'S MAIDEN NAME <i>Charlotte Foster</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Georgia C. Killmon</i>		18. ADDRESS <i>5715 Seymour Ave</i>	
1B. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH (A) <i>Massive Gastric Hemorrhage</i> (B) <i>Arteriosclerotic Cardio-Vascular Disease</i> (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <i>10 years?</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1950</i> , 19 <i>52</i> , to <i>Nov.</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Nov. 5</i> , 19 <i>52</i> , and that death occurred at <i>9:22 A.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Loy M. Zimmerman</i>		23B. ADDRESS <i>2850 Hanford Rd.</i>	
23C. DATE SIGNED <i>Nov. 8, 1952</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/10/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 8 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Boh Inc. 1217 St. Paul St.</i>		ADDRESS	

552
2 10216BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10216

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Simmons

2. DATE
OF
DEATH

Nov. 6 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-05

D. STREET ADDRESS (If rural, give location)

3500 Hawkins Pl. Rd

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-9-90

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown ?

14. MOTHER'S MAIDEN NAME

Unknown ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

? 6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic pyelonephritis

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Aortic aneurysms

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15-52 to 11-6-52, that I last saw the
deceased alive on 11-6-52, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Carol E. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-9-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

F.A. Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. A. Jackson 916 Penna. Ave.

ADDRESS

VS 150

MEDICAL CERTIFICATION

<p>1. Name of deceased: <i>John Doe</i></p>		<p>2. Date of birth: <i>15/10/1910</i></p>	
<p>3. Sex: <i>Male</i></p>		<p>4. Date of death: <i>20/11/1945</i></p>	
<p>5. Cause of death: <i>Myocardial infarction</i></p>		<p>6. Place of death: <i>Home</i></p>	
<p>7. Signature of doctor: <i>[Signature]</i></p>		<p>8. Signature of registrar: <i>[Signature]</i></p>	
<p>9. Date of registration: <i>22/11/1945</i></p>		<p>10. Place of registration: <i>City of London</i></p>	

52 10217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10217

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH OSBORNE SAMUELS

2. DATE
OF
DEATH

10-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Avenue

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 1, 1885

9. AGE (In years last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Samuels

14. MOTHER'S MAIDEN NAME

Irene McKenna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: Baltimore City Hospitals

18. 54011 and E 953X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured peptic ulcer

DUE TO

ANTECEDENT CAUSES

Myocardial infarct

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Sodium pentothal anesthesia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

hospital

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore City Hospitals

4940 Eastern Avenue

21D. TIME (Month) (Day) (Year) (Hour)

Oct. 20, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Cardiac arrest during anesthesia

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Nov. 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9 - 1952

Tunington Williams, M.D.

Tunington Williams, M.D.

VS 151

N 999.2

UNIVERSITY MEDICAL SCHOOL OCT 27 1952

323

52 10218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10218

BIRTH NO. 52-25878

1. NAME OF DECEASED (Type or Print) Baby Boy Stockton "B"			2. DATE OF DEATH 10-29-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY Institution only		
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. 25-32		
c. Length of stay in Baltimore 14 3/4 MRS.			d. STREET ADDRESS (If rural, give location) 2823 Denham Ct.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 10-29-52	9. AGE (In years last birthday) Newborn	10. Under 1 Year Months: Days 12 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Stockton			14. MOTHER'S MAIDEN NAME Rose Jennifer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mother		
			ADDRESS		

18. **762.5**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-29**, 1952, to **10-29**, 1952, that I last saw the deceased alive on **10-29**, 1952, and that death occurred at **4:45** pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9-1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

UNIVERSITY MEDICAL SCHOOL NOV 5 1952

12520010209

MEDICAL CERTIFICATION

25-10-58

RECEIVED THE HON. SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301

TO: THE HON. SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301
FROM: [Illegible]
SUBJECT: [Illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official letter.]

420
52 10219

52 10219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 62855 1/2

BIRTH NO. 52-24445		2. DATE OF DEATH 10/28/52	
1. NAME OF DECEASED (Type or Print) Jo Anne Ballweg			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Balto	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 27-38	
C. Length of stay in Baltimore 30 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1729 Waverly Way #12	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH 9/29/52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 30
13. FATHER'S NAME Raymond A. Ballweg Jr		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? ✓	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Irma Adams	
17. INFORMANT Father		ADDRESS As Above	
18. 752x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Meningitis DUE TO (B) Hydrocephalus DUE TO (C) Meningo-encephalocyst, ruptured INTERVAL BETWEEN ONSET AND DEATH 24 hours From Birth From Birth			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/29/52, 19__, to 10/28/52, 19__, that I last saw the deceased alive on 10/28/52, 19__, and that death occurred at 5:10 p.m., from the causes and on the date stated above.			
23A. SIGNATURE George B. Smith M.D.		23B. ADDRESS Univ. Hosp.	
23C. DATE SIGNED 10/29/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL OC		24D. LOCATION (City, town, or county) 31 1952 (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS Huntington Williams, M.D.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>John A. Smith</i>		2. AGE <i>45</i>		3. SEX <i>Male</i>	
4. DATE OF DEATH <i>Jan 15 1911</i>		5. TIME OF DEATH <i>10:30 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CAUSE OF DEATH <i>Heart Disease</i>		8. DISEASE OR INJURY <i>Myocarditis</i>		9. RESULT OF EXAMINATION <i>Death</i>	
10. SIGNATURE OF PHYSICIAN <i>Dr. J. H. Jones</i>		11. SIGNATURE OF CORONER <i>Wm. H. Brown</i>		12. SIGNATURE OF WITNESSES <i>John A. Smith</i>	
13. SIGNATURE OF DECEASED <i>John A. Smith</i>		14. SIGNATURE OF SURVIVORS <i>John A. Smith</i>		15. SIGNATURE OF FUNERAL HOME <i>John A. Smith</i>	
16. SIGNATURE OF BURIAL PLACE <i>John A. Smith</i>		17. SIGNATURE OF INTERMENT <i>John A. Smith</i>		18. SIGNATURE OF CREMATION <i>John A. Smith</i>	
19. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		20. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		21. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
22. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		23. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		24. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
25. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		26. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		27. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
28. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		29. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		30. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
31. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		32. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		33. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
34. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		35. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		36. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
37. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		38. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		39. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
40. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		41. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		42. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
43. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		44. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		45. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
46. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		47. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		48. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
49. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		50. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		51. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
52. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		53. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		54. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
55. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		56. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		57. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
58. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		59. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		60. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
61. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		62. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		63. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
64. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		65. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		66. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
67. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		68. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		69. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
70. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		71. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		72. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
73. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		74. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		75. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
76. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		77. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		78. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
79. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		80. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		81. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
82. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		83. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		84. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
85. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		86. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		87. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
88. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		89. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		90. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
91. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		92. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		93. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
94. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		95. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		96. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
97. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		98. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		99. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	
100. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		101. SIGNATURE OF REINTERMENT <i>John A. Smith</i>		102. SIGNATURE OF REINTERMENT <i>John A. Smith</i>	

323
2 10220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10220
Registered No.

BIRTH NO. 52-25877

1. NAME OF DECEASED (Type or Print) Baby Boy Stockton 'A'			2. DATE OF DEATH 10/30/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-32		
C. Length of stay in Baltimore 1 Days			D. STREET ADDRESS (If rural, give location) 2823 Denham Circle, Cherry Hill		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10/29/52		9. AGE (In years last birthday) 1 Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland, USA	
13. FATHER'S NAME Frank Stockton			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME Rose Jennifer			17. INFORMANT mother		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		ADDRESS same	

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity			CAUSE OF DEATH Prematurity			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Atelectasis, bilateral			19A. DATE OF OPERATION 10-30-52			19B. MAJOR FINDINGS OF OPERATION 30 hrs		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 10-29 , 19 52 , to 10-30 , 19 52 , that I last saw the deceased alive on 10-30-52 , 19 52 , and that death occurred at 10:10 A.M. , from the causes and on the date stated above.								
23A. SIGNATURE Hunter K. Coste			23B. ADDRESS University Hosp.		23C. DATE SIGNED 10/30/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) NOV 5 1952		
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS		

VS 150

1952001021

DECLARATION OF DEATH

STATE OF NEW YORK

County of _____

I, _____

do hereby certify that _____

was born _____

and died _____

at _____

on the _____ day of _____

in the year of our Lord one thousand nine hundred and _____

and of our Independence the _____

52 10221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10221

Registered No.

BIRTH NO. 52-23508

1. NAME OF DECEASED (Type or Print) <i>Marilyn McClain</i>		2. DATE OF DEATH <i>OCTOBER 30, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <i>MARYLAND</i> b. COUNTY <i>11-02</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>	
d. LENGTH OF STAY IN BALTIMORE <i>2</i> Yrs. <i>2</i> Mos. <i>2</i> Days		d. STREET ADDRESS (If rural, give location) <i>933 PARK AVE.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>SEPT. 25, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Infant</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>1</i> <i>2</i> Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Herman McClain</i>		14. MOTHER'S MAIDEN NAME <i>ANN SHOCKLY</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Same</i>		ADDRESS <input checked="" type="checkbox"/>	

18. <i>571.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Diarrhea</i> (A) <i>Dehydration & Acidosis</i> (B) <i>Prematurity</i> (C)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>3 days.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>INJURY</i>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Oct. 30, 1952* to *Oct. 30, 1952*, that I last saw the deceased alive on *Oct. 30, 1952*, and that death occurred at *12:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Robert E. Ebert* M. D. 23B. ADDRESS *University Hospital* 23C. DATE SIGNED *10-30-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY *UNIVERSITY MEDICAL SCHOOL NOV 5 1952* 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *NOV 9-1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Huntington Williams, M.D.* ADDRESS

432
52 10222BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10222
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH GOLDSCHIEDER

2. DATE
OF
DEATH

11-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3409 Woodbrook Ave

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-04

D. STREET ADDRESS (If rural, give location)

3409 Woodbrook Ave

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years
last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pee Dee

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Weinstein

14. MOTHER'S MAIDEN NAME

Rachel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Morris Goldscheider - Same

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

Congestive heart failure
Arteriosclerotic and hypertensive
heart disease -
Aneurysm of
Post coronary occlusionINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7, 1952, to 11/7, 1952, that I last saw the
deceased alive on 11/7, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Mantley Miller

M. D.

23B. ADDRESS

914 N. Charles St.

23C. DATE SIGNED

11/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-9-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

JACK LEWIS 2100 Gaither Pl

Stacky Mulla
914 No Charles St

52 10223

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10223

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

HALON

HAYLON

2. DATE
OF
DEATH

October 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

3-02

D. STREET ADDRESS (If rural, give location)

30 Albemarle Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

20

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 022X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Syphilitic aortitis

FROSTO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Aneurysm of aorta

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Oct. 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL NOV 3: 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9-1952

Huntington Williams, M.D.

Huntington Williams, M.D.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10224
Registered No.52 10224
BIRTH NO. 52-24861

1. NAME OF DECEASED (Type or Print) BABY BOY WILLIAMS			2. DATE OF DEATH October 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 606 J Cherry Crest Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 606 J. Cherry Crest Road			5. LENGTH OF stay in Baltimore Yrs. Mos. Days		
6. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 19, 1952	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Benjamin S. Williams			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. **770.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Erythroblastosis Fetalis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....☒**10/21/52**M.D. MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 2 - 1952**Huntington Williams, M.D. S. Fisher, M.D.**

VS 151

Completed at morgue 10-21-52 at 11:00 AM

350

52 10225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH+ 52 10225
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Nelson Gotton.

2. DATE
OF
DEATH

Nov. 8, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

Length of stay in Baltimore 47 yrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson - 4

D. STREET ADDRESS (If rural, give location)

8638 Oak Road.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

Feb 10, 1905

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Elevator Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Hotel elevator operator

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Joseph E. Gotton.

14. MOTHER'S MAIDEN NAME

Rebecca Curry.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

MRS - CHARLOTTE GATTON - 8638 OAK

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT

m.

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1952, to Nov 8, 1952, that I last saw the
deceased alive on Nov 8, 1952, and that death occurred at 4:45 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9 - 1952

Huntington Williams, M.D.

J. Luck

5305 Stanford Rd

VS 150

1952 761830 216

MEDICAL CERTIFICATION

5501 9

THE UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH SERVICES

5501 9

5501 9

243
52 10226BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10226

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MINNIE ANNETTA LECHLIDER		2. DATE OF DEATH Nov. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 12 S. Carrollton Avenue		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03	
7. STREET ADDRESS (If rural, give location) 12 S. Carrollton Avenue		8. DATE OF BIRTH Feb. 21, 1882	
9. SEX female		10. AGE (in years last birthday) 70	
11. COLOR OR RACE white		12. Under 1 Year Months Days	
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		13. Under 24 Hours Hours Min.	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		15. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
16. KIND OF BUSINESS OR INDUSTRY		17. CITIZEN OF WHAT COUNTRY?	
18. FATHER'S NAME James Bay Norris		19. MOTHER'S MAIDEN NAME Margaret Jane	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		21. SOCIAL SECURITY NO.	
22. DATE OF BIRTH		23. INFORMANT ADDRESS Pkwy. Mrs. Harry C. Rivers, 4110 Northern	
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X I Bronchopneumonia + acute hepatitis		25. INTERVAL BETWEEN ONSET AND DEATH	
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) Hypertension vasculer disease (C)			
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II			
28. DATE OF OPERATION		29. MAJOR FINDINGS OF OPERATION	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
33. TIME (Month) (Day) (Year) (Hour) INJURY		34. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
35. HOW DID INJURY OCCUR?			
36. I hereby certify that I attended the deceased from 19__ to 19__, that I last saw the deceased alive on 11/7, 1952, and that death occurred at 11:55 P. m., from the causes and on the date stated above.			
37. SIGNATURE J. Ankeleouris		38. ADDRESS 910 W. Lombard str.	
39. DATE SIGNED 11.8.52			
40. BURIAL, CREMATION, REMOVAL (Specify) Burial		41. DATE 11/10/52	
42. NAME OF CEMETERY OR CREMATORY Baltimore Gen.		43. LOCATION (City, town, or county) (State) Baltimore, Maryland	
44. DATE RECEIVED BY LOCAL REGISTRAR NOV 9 1952		45. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
46. FUNERAL DIRECTOR Leonard J. Ruck		47. ADDRESS 5305 Harford Road.	

52 0010217

Mr. Tommasello
10 W. Lombard St.
10-12

652

52 10227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10227

1. NAME OF DECEASED (Type or Print) Joseph R. Barnes Sr		2. DATE OF DEATH Nov. 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 4818 Richard Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-03	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4818 Richard Ave	
7. SEX MALE	8. COLOR OR RACE WHITE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH JUNE 23-1896
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET Police		12. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME SUSAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns)		16. SOCIAL SECURITY NO.	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. INFORMANT MRS. Mildred M. Barnes	

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adeno-carcinoma of rectum		19. CAUSE OF DEATH Adeno-carcinoma of rectum	20. INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastases to urinary bladder.		(B) Metastases to urinary bladder.	6 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			

19A. DATE OF OPERATION Aug. 9, 1951		19B. MAJOR FINDINGS OF OPERATION adeno-carcinoma of rectum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 29, 1952 to Nov. 6, 1952 that I last saw the deceased alive on Nov. 5, 1952 , and that death occurred at 10:00 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE A. J. Trummillo		23B. ADDRESS Medical Arts Bldg		23C. DATE SIGNED 11/7/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-10-52		24C. NAME OF CEMETERY OR CREMATORY ST. Mary's Ccm.
DATE RECEIVED BY LOCAL REGISTRAR NOV 9 - 1952		REGISTRAR'S SIGNATURE Wilmington Williams		24D. LOCATION (City, town, or county) (State) Hampton - Md
VS 150		25. FUNERAL DIRECTOR L. J. Ruck		ADDRESS 5305 HARFORD RD

MEDICAL CERTIFICATION

5733093

Dr. Tummenello
SII Med. Arts

CERTIFICATE OF DEATH

EXHIBIT C-1A (MAY 1968 EDITION)

15-1-834

610

52 10228

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10228

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELISE S. DOROFF		2. DATE OF DEATH Nov. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3436 Parklawn Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-01			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3436 Parklawn Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 12, 1872	9. AGE (in years last birthday) 79	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME ? Tjarks		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Carl Louis Doroff, 3436 Parklawn	
18. 443x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Hypertensive Cardiovascular Disease</i> DUE TO (B) <i>Chronic Myocarditis</i> DUE TO (C) <i>Myocardial Infarction</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH 9-11-51 9-11-51 11-5-52			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Old heart fracture of left femur.</i>			
19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>None</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>None</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>None</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from 9-11-51, to 11-7-52, that I last saw the deceased alive on 4-7-52, and that death occurred at 6:40 p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>T. Schumann</i>		23B. ADDRESS 8421 E. State		23C. DATE SIGNED 11-8-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/10/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 9-1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road		25. ADDRESS			

19520210219

MASSACHUSETTS DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Dr. Schimunek
842 S. East Ave.
6-8

550

52 10229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10229

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY MARGARET THUMAN		11/6/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE	
(If not in hospital or institution, give street address or location)		MD.	
109 E. WEST ST.		C. CITY OR TOWN	
		BALTIMORE	
D. STREET ADDRESS (If rural, give location)		24-03	
109 E. WEST ST.			
5. SEX		8. DATE OF BIRTH	
F		MARCH 20 - 1891	
6. COLOR OR RACE		9. AGE (In years last birthday)	
W		61	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country)	
WIDOW		BALTIMORE MD.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE		U.S.A.	
10B. KIND OF BUSINESS OR INDUSTRY		14. MOTHER'S MAIDEN NAME	
OWN HOME		BARBARA FRIEDMAN	
13. FATHER'S NAME		17. INFORMANT	
JACOB SCHILLING		ADDRESS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		MARY M. THUMAN 109 E. WEST ST.	
NO			
16. SOCIAL SECURITY NO.			
NONE			
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A)		Cerebral Vascular Accident	
DUE TO			
11. ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Hypertension - Cerebral Vascular Disease	
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
		Several hours	
19A. DATE OF OPERATION		20. AUTOPSY?	
0		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 8/24, 1947 to 11/6, 1952, that I last saw the deceased alive on 11/6, 1952, and that death occurred at 1245 P.M., from the causes and on the date stated above.		21F. HOW DID INJURY OCCUR?	
23A. SIGNATURE		23B. ADDRESS	
[Signature]		1072 - W. 2nd St.	
M. D.		23C. DATE SIGNED	
		11/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
		11/10/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
HOLY CROSS CEM.		A.A.CO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
NOV 9 - 1952		ADDRESS	
REGISTRAR'S SIGNATURE			
Huntington Williams		Elizabeth Harbo Fine, 115 E. West St.	

MEDICAL CERTIFICATION

19520010220

VALLEY

CONGRAT

END

DOZ

U.S.A.

132
52 10230

SPATKAUSKAS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10230
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph Spatkauskas</i>		2. DATE OF DEATH <i>11/6/52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Bald City</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>MD</i> b. COUNTY <i>Frederick</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Twilight Nursing Home</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Bald Mt 4-02</i>	
c. Length of stay in Baltimore <i>30 years</i>		d. STREET ADDRESS (If rural, give location)	

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3/1883</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unknown</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>				

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. <i>1903 Entaw</i>	17. INFORMANT <i>Twilight Nursing Home</i>	ADDRESS <i>Place</i>
---	---	--	----------------------

18. <i>E 902.0</i> I CHIEF OR ASST. MEDICAL EXAMINER, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Lobar Pneumonia</i>	CAUSE OF DEATH <i>Compounded fracture of right leg</i> <i>Fall out of window</i>	INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>18 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Hypertensive Cardiovascular disease</i>		

19a. DATE OF OPERATION <i>0</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>712 W. Fayette St</i>
21d. TIME (Month) (Day) (Year) (Hour) <i>Oct 18 52. 9p.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Fell out of window</i>

22. I hereby certify that I attended the deceased from *Oct 23, 1952* to *Nov 5, 1952*, that I last saw the deceased alive on *Nov 5, 1952*, and that death occurred at *6:00 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Henry Glusman</i>	23b. ADDRESS <i>753 W. Fayette St</i>	23c. DATE SIGNED <i>Nov 8, 52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11/6/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 9 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>David R. Martin</i>	ADDRESS <i>1903 Entaw</i>

VS 150
11821.0
Approved by Dr. Fisher
1952 01 0

0801 30

MINNESOTA CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

0801 30

753

40

52 10231

52 10231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Michael Pasco

2. DATE
OF
DEATH

Nov. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1503 Shadyside Road

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 29, 1869

9. AGE (in years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis Pasco, 1503 Shadyside Road

18. 522X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Pneumonia, hypostatic

INTERVAL BETWEEN
ONSET AND DEATH

5 days

I
ANTECEDENT CAUSESDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3, 1952, to 11/7, 1952, and that I last saw the
deceased alive on 11/7, 1952, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-10-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Frank Gvach & Son, 900 N. Chester St. 5

1951

CERTIFICATE OF DEATH

1951

19

1951

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52 10232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10232

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHAPMAN, Robert

2. DATE
OF
DEATH

11/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

29

D. STREET ADDRESS (If rural, give location)

4412 Hillside Ave

5. SEX

M -

6. COLOR OR RACE

W -

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

11/18/77

9. AGE (In years,
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Sales Rep. Co.

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Walker Chapman

14. MOTHER'S MAIDEN NAME

Sarah Dunstan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-07-1181

17. INFORMANT

ADDRESS

Harold W. Chapman - Same

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-Vascular Disease?

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNOER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3 to 11/7, 1952, that I last saw the
deceased alive on 11/7, 1952, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

Univ. Hosp Bldg

11/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

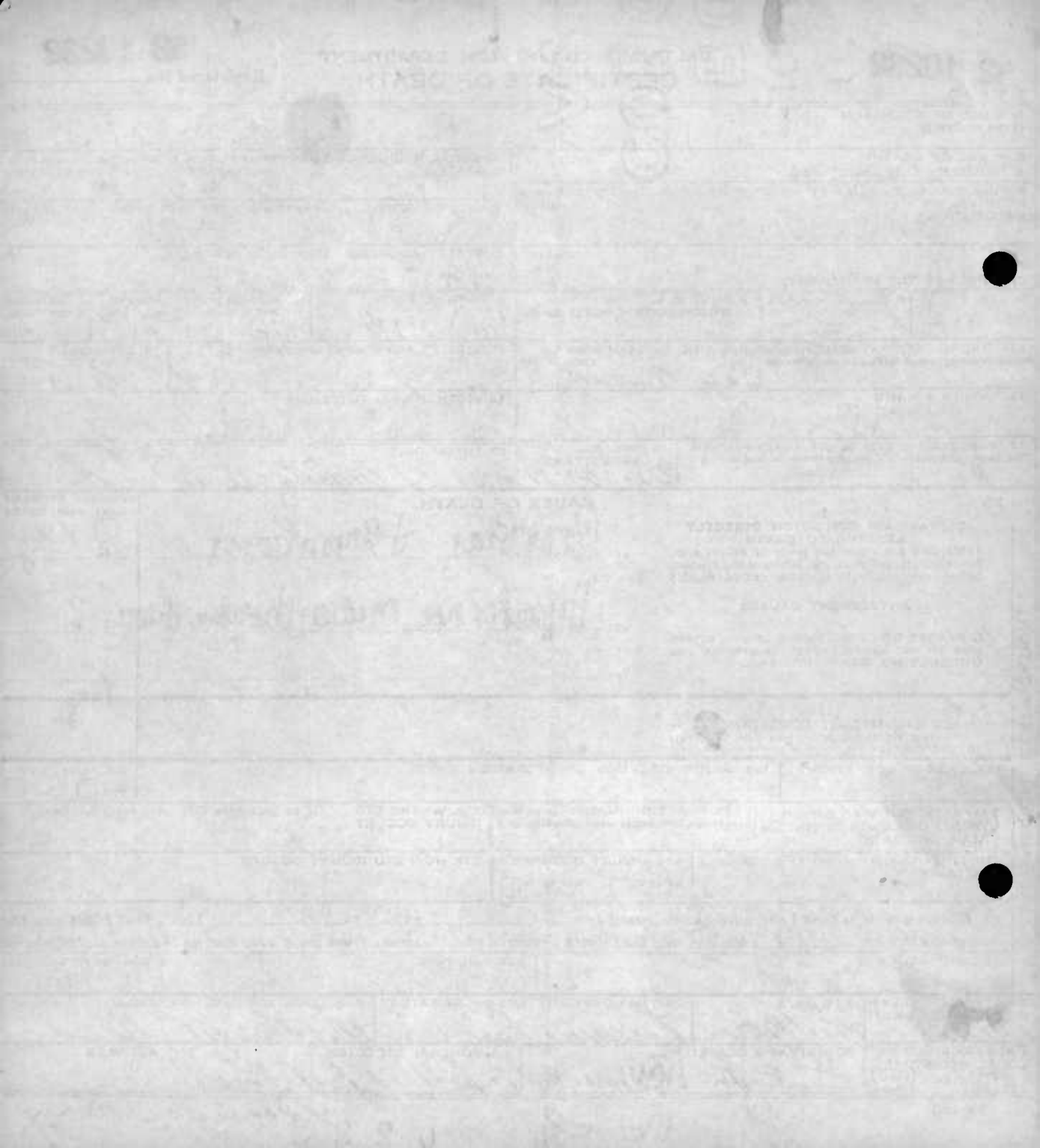
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 9 - 1952

Huntington Williams, M.D. Ellipsee Ford



400
52 10233BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10233
Registered No.

1. NAME OF DECEASED (Type or Print) Gene Cole		2. DATE OF DEATH November 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Lutheran Hospital		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital 730 Ashburton Str. Baltimore Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
D. STREET ADDRESS (If rural, give location) 213 South Gilmore Str.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH August 10, 1940
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 12
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME EDWARD COLE		14. MOTHER'S MAIDEN NAME JANIE BARNES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital records		ADDRESS Lutheran Hospital, Baltimore Md.	

18. 295X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) retroperitoneal hemorrhage DUE TO hemophilia	CAUSE OF DEATH retroperitoneal hemorrhage hemophilia	INTERVAL BETWEEN ONSET AND DEATH six days life-time
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **November 3, 1952** to **November 6, 1952**, that I last saw the deceased alive on **November 6, 1952** and that death occurred at **7:40** p. m., from the causes and on the date stated above.

23A. SIGNATURE
Rudolph M. Zander M.D. assistant resident M.D.

23B. ADDRESS
160 Lutheran Hospital, Baltimore, Maryland

23C. DATE SIGNED
11-6-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
usual

24B. DATE
11-10-52

24C. NAME OF CEMETERY OR CREMATORY
Balto National

24D. LOCATION (City, town, or county) (State)
Balto Md

DATE RECEIVED BY LOCAL REGISTRAR
NOV 9 - 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
W. H. Co. B. M. Walters

ADDRESS
Pratt & Strickland

TESTIMONY OF DEATH

STATE OF NEW YORK

1912

June 1912

[Faint, mostly illegible text follows, appearing to be a series of lines for a legal document or testimony.]

52 10234

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10234
Registered No.

1. NAME OF DECEASED

(Type or Print) **MR. WILLIAM A. EMMART**2. DATE
OF
DEATH

11/8/52

3. PLACE OF DEATH:

A. **Baltimore City, Maryland** **BALTIMORE**B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**BON SECOURS HOSPITAL**4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND** B. COUNTY **BALTO.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORED. STREET ADDRESS (If rural, give location)
741 WEST HILLS PARKWAY

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

1/4/18

9. AGE (In years
last birthday)
34If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
B & O RAILROAD10B. KIND OF BUSINESS OR
INDUSTRY
SECRETARIAL

11. BIRTHPLACE (State or foreign country)

BALTIMORE12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

WILLIAM EMMART

14. MOTHER'S MAIDEN NAME

GRACE WINKLE15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.**212-09-1254**

17. INFORMANT

WIFE

ADDRESS

SAME18. **195X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) **Generalized Carcinoma**

DUE TO

(B) **Carcinoma of Adrenal (?)**

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH**1 year****1 year 8 mo.**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Uremia****3 wk**

19A. DATE OF OPERATION

1/25/52

19B. MAJOR FINDINGS OF OPERATION

Retroperitoneal Tumor

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/1/52**, 19**52**, to **11/8/52**, 19**52**, that I last saw the
deceased alive on **11/8/52**, 19**52**, and that death occurred at **7:00 A** m., from the causes and on the date stated above.

23A. SIGNATURE

John E. Carroll Jr.

M. O.

23B. ADDRESS

Bon Secours

23C. DATE SIGNED

11/8/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)
BURIAL

24B. DATE

Nov. 11-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Old Frederick Rd BALTO MDDATE RECEIVED BY
LOCAL REGISTRAR
NOV 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thomas J. KENNY / W.C. 1600 Hollins St

ADDRESS

14304 ST

151

100

625
52 10235

52 10235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. A.K.A. EDWARD CHARLES WIRSCHNITZER

1. NAME OF DECEASED
(Type or Print)

WIRSCHNITZER, CHARLES E

2. DATE
OF DEATH

6 NOV '52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

FRANKLIN SQUARE HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

MARYLAND

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

8-07

d. STREET ADDRESS (If rural, give location)

2029 E. HOFFMAN ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

AUG. 16-1874

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CABINET MAKER

10b. KIND OF BUSINESS OR INDUSTRY

FURNITURE

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CARL WIRSCHNITZER

14. MOTHER'S MAIDEN NAME

ANNA GEELHAAR

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

215-05-1932A

17. INFORMANT

ADDRESS 4501

JUSTUS WIRSCHNITZER HAMPSHIRE

18. 330X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Cerebral Arteriosclerosis

4 yrs

DUE TO

(C)

Generalized Arteriosclerosis

4 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary edema

24 hrs

19a. DATE OF OPERATION

None

19b. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

NO

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HO

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

HO

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Nov, 1952, to 6 Nov, 1952, that I last saw the deceased alive on 6 Nov 1952 and that death occurred at 3:10 PM from the causes and on the date stated above.

23a. SIGNATURE

Leon W. Davis, M.D.

23b. ADDRESS

10 Franklin Sq Hosp.

23c. DATE SIGNED

6 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

NOV. 10-1952

24c. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24d. LOCATION (City, town, or county)

COLGATE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ULLRICH FUNERAL HOME

ADDRESS 2006

ORLEANS ST

436
52 10236BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10236

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMILIE HELLDORFER

2. DATE

OF
DEATH Nov. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2023 E. 32nd St.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2023 E. 32nd St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.

Female

White

Married

Dec. 29, 1875

76

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

At home

Maryland

13. FATHER'S NAME

William Baltz

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No.

—

Louis Helldorfer 1627 Chilton St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Cerebral hemorrhage

11 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Hypertension, Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 1946 to 7 Nov. 1952, that I last saw the
deceased alive on 21 Oct. 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. Quinn

M. D.

4 York Road Towson

8 Nov. 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 10, 1952

Baltimore

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952

Huntington Williams, Jr.

Ullrich Funeral Home 2008 Orleans St.



100

01217

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

52 10237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10237
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mr. Frederick Kuehne</i>			2. DATE OF DEATH <i>11-9-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home + Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>434 N Kenwood Ave 6-02</i>		
C. Length of stay in Baltimore <i>LIFE</i>			D. STREET ADDRESS (If rural, give location) <i>Baltimore</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>7-27-67</i>		9. AGE (in years last birthday) <i>85</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>FREDERICK KUEHNE</i>			14. MOTHER'S MAIDEN NAME <i>MINNIE STAHL</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Wife</i>			ADDRESS <i>434 N KENWOOD.</i>		

1B. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Stricture of Esophagus</i>		DUE TO		<i>10 weeks</i>	
ANTECEDENT CAUSES		(B) <i>Coronary</i>		<i>unknown</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		(C) <i>Arteriosclerotic Heart Disease</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-5-52</i> 1952 to <i>11-8-52</i> 1952 that I last saw the deceased alive on <i>11-8-52</i> 1952 and that death occurred at <i>5:15 Pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jack E. Collins</i>		M. D.		23B. ADDRESS <i>Church Home + Hosp.</i>	
				23C. DATE SIGNED <i>11-8-52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Nov 13/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Carmel</i>		24D. LOCATION (City, town, or county) (State) <i>Balto</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Willink Funeral Home</i>		ADDRESS <i>2004 Calver</i>	

VS 150

19520010220

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Signature of Physician		10. Signature of Registrar		11. Signature of Informant		12. Date of Entry	
13. Signature of Medical Examiner		14. Signature of Coroner		15. Signature of Jury		16. Signature of Judge	
17. Signature of Minister of Religion		18. Signature of Priest		19. Signature of Rabbi		20. Signature of Imam	
21. Signature of Other Religious Leader		22. Signature of Other Religious Leader		23. Signature of Other Religious Leader		24. Signature of Other Religious Leader	
25. Signature of Other Religious Leader		26. Signature of Other Religious Leader		27. Signature of Other Religious Leader		28. Signature of Other Religious Leader	
29. Signature of Other Religious Leader		30. Signature of Other Religious Leader		31. Signature of Other Religious Leader		32. Signature of Other Religious Leader	
33. Signature of Other Religious Leader		34. Signature of Other Religious Leader		35. Signature of Other Religious Leader		36. Signature of Other Religious Leader	
37. Signature of Other Religious Leader		38. Signature of Other Religious Leader		39. Signature of Other Religious Leader		40. Signature of Other Religious Leader	
41. Signature of Other Religious Leader		42. Signature of Other Religious Leader		43. Signature of Other Religious Leader		44. Signature of Other Religious Leader	
45. Signature of Other Religious Leader		46. Signature of Other Religious Leader		47. Signature of Other Religious Leader		48. Signature of Other Religious Leader	
49. Signature of Other Religious Leader		50. Signature of Other Religious Leader		51. Signature of Other Religious Leader		52. Signature of Other Religious Leader	
53. Signature of Other Religious Leader		54. Signature of Other Religious Leader		55. Signature of Other Religious Leader		56. Signature of Other Religious Leader	
57. Signature of Other Religious Leader		58. Signature of Other Religious Leader		59. Signature of Other Religious Leader		60. Signature of Other Religious Leader	
61. Signature of Other Religious Leader		62. Signature of Other Religious Leader		63. Signature of Other Religious Leader		64. Signature of Other Religious Leader	
65. Signature of Other Religious Leader		66. Signature of Other Religious Leader		67. Signature of Other Religious Leader		68. Signature of Other Religious Leader	
69. Signature of Other Religious Leader		70. Signature of Other Religious Leader		71. Signature of Other Religious Leader		72. Signature of Other Religious Leader	
73. Signature of Other Religious Leader		74. Signature of Other Religious Leader		75. Signature of Other Religious Leader		76. Signature of Other Religious Leader	
77. Signature of Other Religious Leader		78. Signature of Other Religious Leader		79. Signature of Other Religious Leader		80. Signature of Other Religious Leader	
81. Signature of Other Religious Leader		82. Signature of Other Religious Leader		83. Signature of Other Religious Leader		84. Signature of Other Religious Leader	
85. Signature of Other Religious Leader		86. Signature of Other Religious Leader		87. Signature of Other Religious Leader		88. Signature of Other Religious Leader	
89. Signature of Other Religious Leader		90. Signature of Other Religious Leader		91. Signature of Other Religious Leader		92. Signature of Other Religious Leader	
93. Signature of Other Religious Leader		94. Signature of Other Religious Leader		95. Signature of Other Religious Leader		96. Signature of Other Religious Leader	
97. Signature of Other Religious Leader		98. Signature of Other Religious Leader		99. Signature of Other Religious Leader		100. Signature of Other Religious Leader	

325
52 10238BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10238

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

RAYMOND RUDOLPH STIEGMANN

2. DATE

OF
DEATH

Nov. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

US Public Health Service
Hospital
Wyman pk. drive & 31st street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

1345 Herkimer Street

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/26/95

9. AGE (In years

last birthday)

57

If Under 1 Year

Months: Days

1 11

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR

INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Paul Stiegmann

14. MOTHER'S MAIDEN NAME

Anna ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Infarction myocardium due to arterio-
sclerotic coronary thrombosis
DUE TO (recent and old)About
6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1952, to Nov. 6, 1952, that I last saw the
deceased alive on Nov. 6, 1952, and that death occurred at 11:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

11/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-11-1952

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge Cemetery Howard County, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Elmer W Coulter 5444 Belair Rd.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1910

1st of October 1910

CAUSE OF DEATH

2220

52 10239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10239

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR JAMES P. Thompson

2. DATE
OF
DEATH

11-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2-03

D. STREET ADDRESS (If rural, give location)

THE ANCHORAGE - YMCA

Length of stay in Baltimore

32

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

10-27-79

9. AGE (In years
last birthday)

43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SEAMAN

10B. KIND OF BUSINESS OR
INDUSTRY

Shipping

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Paul Thompson

14. MOTHER'S MAIDEN NAME

Mary Nicholson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Frank Mitchell THE ANCHORAGE

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

10 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial Infarction

DUE TO

8 days

(C) Arterio Sclerotic Heart Disease

? 20 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

B UREMIA

5 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-1-1952, to 11-8-1952, that I last saw the
deceased alive on 11-8-1952, and that death occurred at 10:20 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Jack C. Collins

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

11-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952

Huntington Williams

Fred M. Ozaszewski

1980 Eastern Ave.

VS 150

95-67355-10239

MEDICAL CERTIFICATION

400

52 10240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10240

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mollie J. Kelly

2. DATE
OF
DEATH

Nov. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or

HOSPITAL OR
INSTITUTION

location)

4707 Dunkirk Rd. (29)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore (29)

28-04

D. STREET ADDRESS (If rural, give location)

4707 Dunkirk Rd.

Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 24, 1865

9. AGE (In years

last birthday)

87

If Under 1 Year

Months Days

8 12

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home Duties

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Conway

14. MOTHER'S MAIDEN NAME

Bridget Manning

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Hellen M. Hessenauer 4707 Dunkirk Rd.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Occlusion*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *None*(C) *None*INTERVAL BETWEEN
ONSET AND DEATH

✓

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

✓

m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

✓

22. I hereby certify that I attended the deceased from

deceased alive on

Nov 5, 1952

and that death occurred at

3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Ireland

M. D.

23B. ADDRESS

1219 Ogden St.

23C. DATE SIGNED

11/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

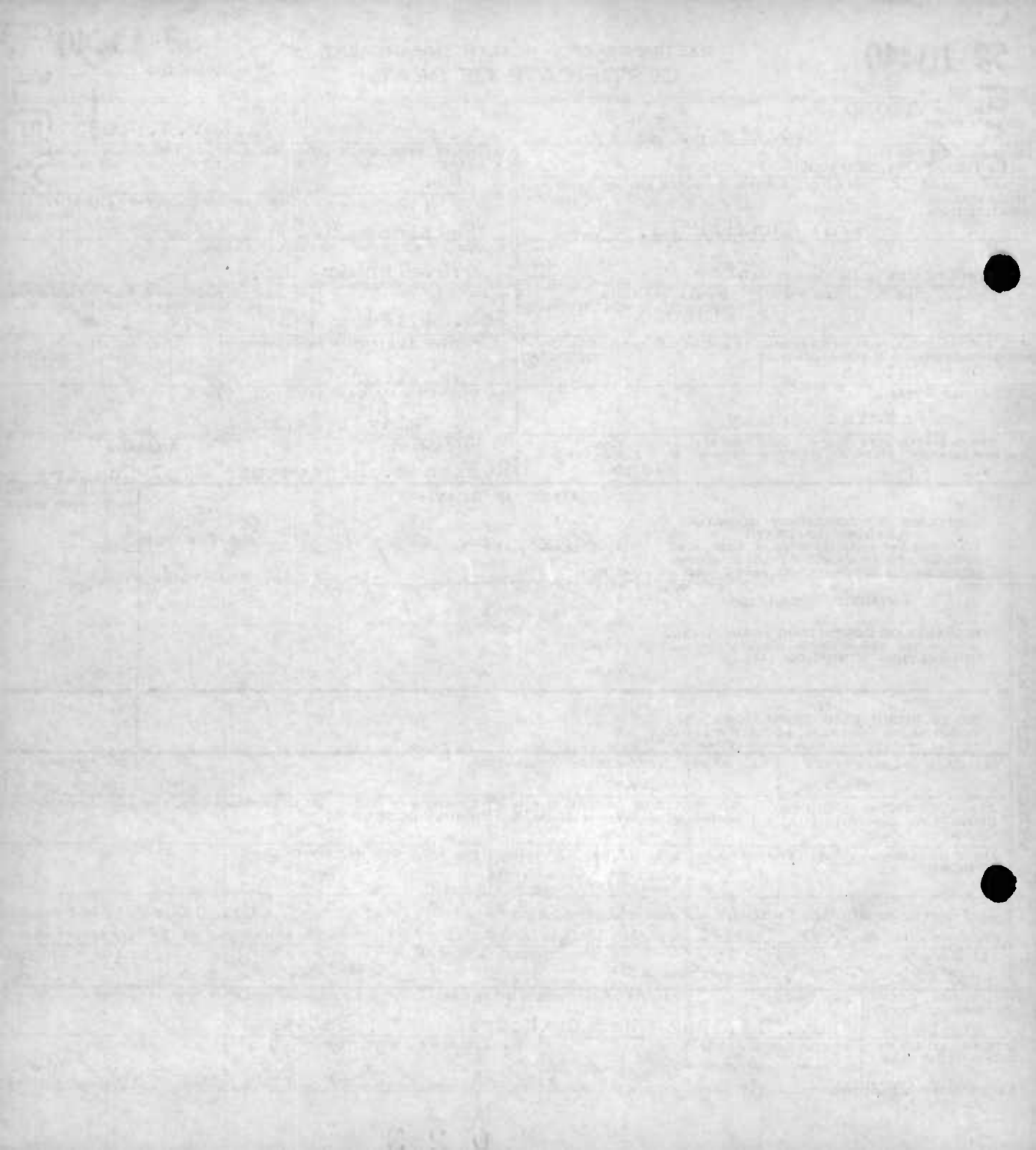
1913 W. Pratt

Baltimore

VS 150

14520010231

MEDICAL CERTIFICATION



520

52 10241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10241
Registered No.

1. NAME OF DECEASED (Type or Print) LOUETTA THOMAS		2. DATE OF DEATH 11-7-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 568 Gold St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 568 GOLD ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO	
c. Length of stay in Baltimore 50		D. STREET ADDRESS (If rural, give location) 568 Gold St.	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH UNKNOWN
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70?
13. FATHER'S NAME UNKNOWN		11. BIRTHPLACE (State or foreign country) FREDERICK MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME UNKNOWN	
17. INFORMANT REBECCA WARD		ADDRESS 612 COLLETT	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIO VASCULAR DISEASE DUE TO BROKEN COMPENSATION	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 YRS 6 MO'S
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

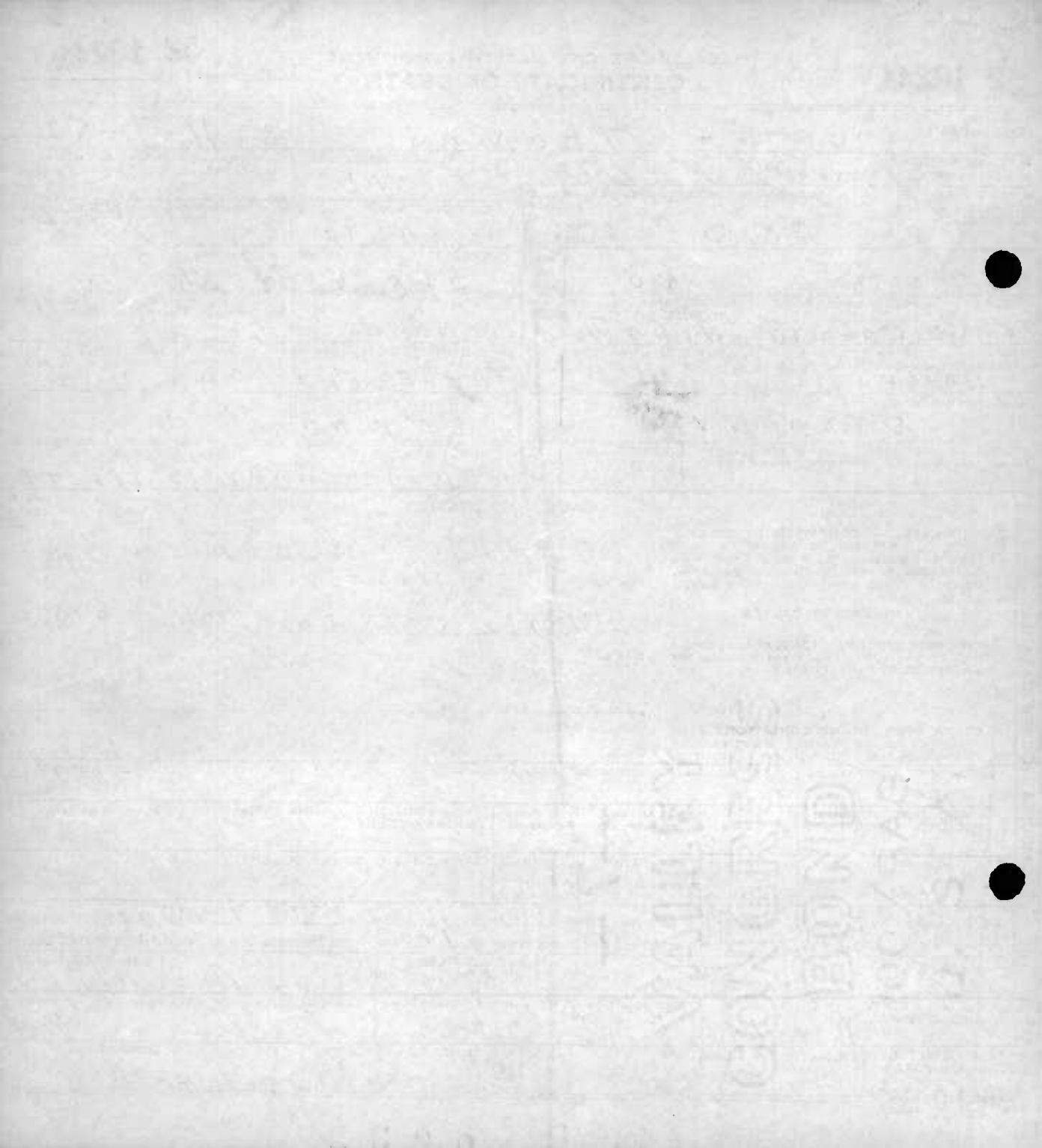
22. I hereby certify that I attended the deceased from **JUNE 15, 1952** to **NOV 7, 1952**, that I last saw the deceased alive on **NOV 6, 1952**, and that death occurred at **1 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE William Frey M. D.	23B. ADDRESS 1928 Penna Ave	23C. DATE SIGNED 11/8/52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Nov. 11-1952	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE W. Brooke Ruggles	25. FUNERAL DIRECTOR ADDRESS 1463 N. Carey St

NOV 10 1952

7208A 230

MEDICAL CERTIFICATION



620

52 10242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10242

1. NAME OF DECEASED (Type or Print) Peter Gorecki (Or) Piotr Gorecki		2. DATE OF DEATH November 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01	
D. STREET ADDRESS (If rural, give location) 2023 E. Pratt St. #31		E. LENGTH OF STAY IN BALTIMORE 47 yrs.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 29, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR		10B. KIND OF BUSINESS OR INDUSTRY WAREHOUSE	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Walerjan Gorecki		14. MOTHER'S MAIDEN NAME Maryanna ??	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-07-9750	
17. INFORMANT Genevieve Bridickas		ADDRESS 2023 E. Pratt Street	

18. **610X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Benign Prostate Hyperplasia**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **Oct. 22, 1952** to **Nov. 7, 1952**, that I last saw the deceased alive on **Nov. 7, 1952** and that death occurred at **6:05 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St., #13**11/7/52**24A. BURIAL / CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952**Huntington Williams, M.D.****George A. Weber 705 S. Pratt St**

VS 150

1 9 5 2 0 7 2 0 5 8 2 3 3

MEDICAL CERTIFICATION

TO THE HONORABLE THE DISTRICT ATTORNEY
OF THE DISTRICT OF COLUMBIA
WASHINGTON, D. C.

FROM THE DISTRICT ATTORNEY
OF THE DISTRICT OF COLUMBIA

SUBJECT: [Illegible]

[The remainder of the document contains several paragraphs of text that are extremely faint and largely illegible due to the quality of the scan. The text appears to be a formal communication or report.]

435

52 10243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10243
Registered No.

BIRTH NO. 52-26884

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Kaltenbach</i>			2. DATE OF DEATH <i>11/8/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>4 Md.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mary Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>8618 Rock Oak Rd.</i>		
6. Length of stay in Baltimore <i>1</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>8355</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>11/8/52</i>	9. AGE (In years last birthday)	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			11. BIRTHPLACE (State or foreign country) <i>Mercy Hospital</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Nicholas W. Kaltenbach</i>			14. MOTHER'S MAIDEN NAME <i>Ann Kaltenbach</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>Kneel</i>			ADDRESS <i>2818 Rock Oak Rd.</i>		
18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cardio-respiratory</i> DUE TO <i>Failure secondary to cerebral hemorrhage</i> (B) <i>increased during</i> DUE TO <i>birth process</i> (C) <i>20 1/2 hrs</i>					
19. 760.0 ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2 AM 11/8, 1952</i> to <i>10 PM 11/9, 1952</i> that I last saw the deceased alive on <i>1 PM 11/8, 1952</i> and that death occurred at <i>10 49 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Mrs. J. Ann Kaltenbach</i>		23B. ADDRESS <i>Mercy Hosp</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Nov. 10-52</i>		24B. DATE <i>Nov. 10-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baileys Blk.</i>		24E. (State)		25. FUNERAL DIRECTOR <i>John A. Whan</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>		ADDRESS <i>3000 E Baileys St</i>	

VS 150

19520010234

MEDICAL CERTIFICATION

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

52 10244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10244

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Grace Jump</i>		2. DATE OF DEATH <i>Nov. 8, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1115 Riverside Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balto</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>24-02</i>			
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1115 Riverside Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 3, 1886</i>	9. AGE (In years last birthday) <i>66</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Balto</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Harvey</i>		14. MOTHER'S MAIDEN NAME <i>Don't know</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT ADDRESS <i>Robert S Jump 1635 Baluworth Rd</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I <i>Coronary Thrombosis</i>		CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Hypertension</i> DUE TO		(C) <i>Arteriosclerosis</i> DUE TO		<i>5 years</i> <i>5 years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>none</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>October 25, 1952</i> to <i>Nov 8, 1952</i> , that I last saw the deceased alive on <i>11/7, 1952</i> and that death occurred at <i>12 PM</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>James Miller</i>		23B. ADDRESS <i>1225 Charles St</i>		23C. DATE SIGNED <i>11/8/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Nov 11, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) <i>Balto</i>		24E. (State) <i>MD</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>1400 St Charles Rd</i>	

VS 150

19520010235

MEDICAL CERTIFICATION

MSI 32

RECEIVED BY THE DIRECTOR OF THE
BUREAU OF THE ARMY

MSI 32



5330
425
52 10245BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10245
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie Smith (Tilghman)

2. DATE
OF
DEATH

November 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

912 Park Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

30yrs

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gastrointestinal hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1952, to 11-7, 1952, that I last saw the
deceased alive on 11-7, 1952, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

430
52 10246BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10246

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEULAH HOLLIDAY

2. DATE
OF
DEATH

Nov. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-06D. STREET ADDRESS (If rural, give location)
1606 N. Washington Street

Length of stay in Baltimore

55 yrs.

Yrs.
Mos.
Days5. SEX
female colored6. COLOR OR RACE
colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May 15, 1897

9. AGE (in years
last birthday)

55

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY
Cook (Hospital)11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James H. Toyer

14. MOTHER'S MAIDEN NAME
Elvira Jones15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
217-1819234

17. INFORMANT

Rev. Noble H. Toyer
4502 St. Georges Ave.

ADDRESS

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. P. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Nov. 7, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY, OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY



52 10247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10247

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lewis Thomas

2. DATE
OF
DEATH

Nov. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

152 Dolphin St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

11-02

Length of stay in Baltimore

30

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

152 Dolphin St.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 4, 1894

9. AGE (In years
last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Ga.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

312-05-3479

17. INFORMANT

ADDRESS

Lula Thomas - 152 Dolphin St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular
Disease

DUE TO

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 10-27, 1951, to 11-8, 1952, that I last saw the
deceased alive on 11-8, 1952, and that death occurred at 7:40 P. M., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

M. D.

558 McMechen St

11/1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952

Huntington, W. Va.

W. J. Chatman, Jr. - 1701 McCall St.

Balto. 12 Md.

VS 150

195209705E38

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

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320

52 10248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10248

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA S. DIETZ

2. DATE
OF DEATH

Nov. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2259 Cecil Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1912 Cecil Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

October 29, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

York, Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Dietz

14. MOTHER'S MAIDEN NAME

Juliana Gingerich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 2259 Cecil Avenue

Mrs Lester Heaps

18. 442x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

3 hours

12 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1952, to Nov 7, 1952, that I last saw the
deceased alive on Nov 7, 1952, and that death occurred at 5:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

11/10/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.

BALTO, 13, MD.

630
52 10249BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10249

Registered No.

1. NAME OF DECEASED (Type or Print) MAMIE PRATT.		2. DATE OF DEATH 11-8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE V-48 B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Publico Race Track		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington D.C.	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3623 S St. N.W.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at Home	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) Blacksburg Va.		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME Charles Bennett		14. MOTHER'S MAIDEN NAME Lucy Wall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO	17. INFORMANT Mr. William M. Pratt ADDRESS as Above

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Hypertensive Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **none**

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inquiry + Inspection and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Francis J. Januszkes M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED 11/8/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/11/52		24C. NAME OF CEMETERY OR CREMATORY National Memorial Park	
24D. LOCATION (City, town, or county) (State) Falls Church Virginia.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
24G. FUNERAL DIRECTOR Walter A. Gawler		24H. ADDRESS 1756 Pennsylvania Ave N.W.		24I. CITY, STATE, ZIP Wash. D.C.	

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560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10250

Registered No.

52 10250

1. NAME OF DECEASED (Type or Print) MARY J. SWANNER			2. DATE OF DEATH Nov. 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 1-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 817 S. Potomac St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 817 S. Potomac St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8/28/1876		9. AGE (In years last birthday) 76 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cyrus Beck			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Irene E. Cromwell-2701 E. Jefferson St		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive Cardiovascular Disease DUE TO (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 20 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 25 , 19 52 , to Nov. 7 , 19 52 , that I last saw the deceased alive on Nov. 6 , 19 52 , and that death occurred at 11.2 m., from the causes and on the date stated above.					
23A. SIGNATURE Wm. J. Tichener		23B. ADDRESS 101 N. Kenwood Ave.		23C. DATE SIGNED Nov. 10-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/11/52		24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Wm. J. Tichener & Sons			
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MEDICAL CERTIFICATION

19520210241

Balto 17, Md.

52 10251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10251
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY D. STITZ

2. DATE
OF DEATH November 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerical

10B. KIND OF BUSINESS OR INDUSTRY

Dept. Store

13. FATHER'S NAME

Charles E. Dulin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

230-09-2693

8. DATE OF BIRTH

10/12/1907

9. AGE (In years last birthday)

45

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Nannie M. Marshall

17. INFORMANT

ADDRESS

Mr. Wm. G. Stitz - 4117 Fords Lane

18. 353.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Status Epilepticus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

m.

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED 11/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/12/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952

Huntington Williams, M.D.

26m. J. Pickens & Sons

Balto., Md.

V.S. 151

195203906642

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450
52 10252BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10252

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mr Robt. Lee Allen.</i>			2. DATE OF DEATH <i>Nov. 9 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>709 Rosedale</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>16-06</i> <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>709 Rosedale St.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			5. SEX <i>male</i>		
C. Length of stay in Baltimore			6. COLOR OR RACE <i>white</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married Divorced</i>			8. DATE OF BIRTH <i>Dec. 20, 1911</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ground Test</i>			9. AGE (In years last birthday) <i>40</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Glenn L. Martin</i>			11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		
13. FATHER'S NAME <i>Walter Lee Allen</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			14. MOTHER'S MAIDEN NAME <i>Katherine M. Winemiller</i>		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Mrs. Katherine Allen-709 Rosedale St.</i>		

18. <i>162X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Metastases</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Bronchogenic Ca.</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Cerebral Metastases</i> <i>Bronchogenic Ca.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 months</i> <i>2 1/2 yrs.</i>
--	--	---	--

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>August 1950</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>August</i> , 19 <i>50</i> , to <i>Nov 9</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Nov 7</i> , 19 <i>52</i> , and that death occurred at <i>4:20</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Lester C. Hall</i>		23B. ADDRESS <i>1039 St. Paul St</i>		23C. DATE SIGNED <i>Nov 9 1952</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>11/12/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Rose Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>York, Pa.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Dickener & Sons</i>

-400

52 10253

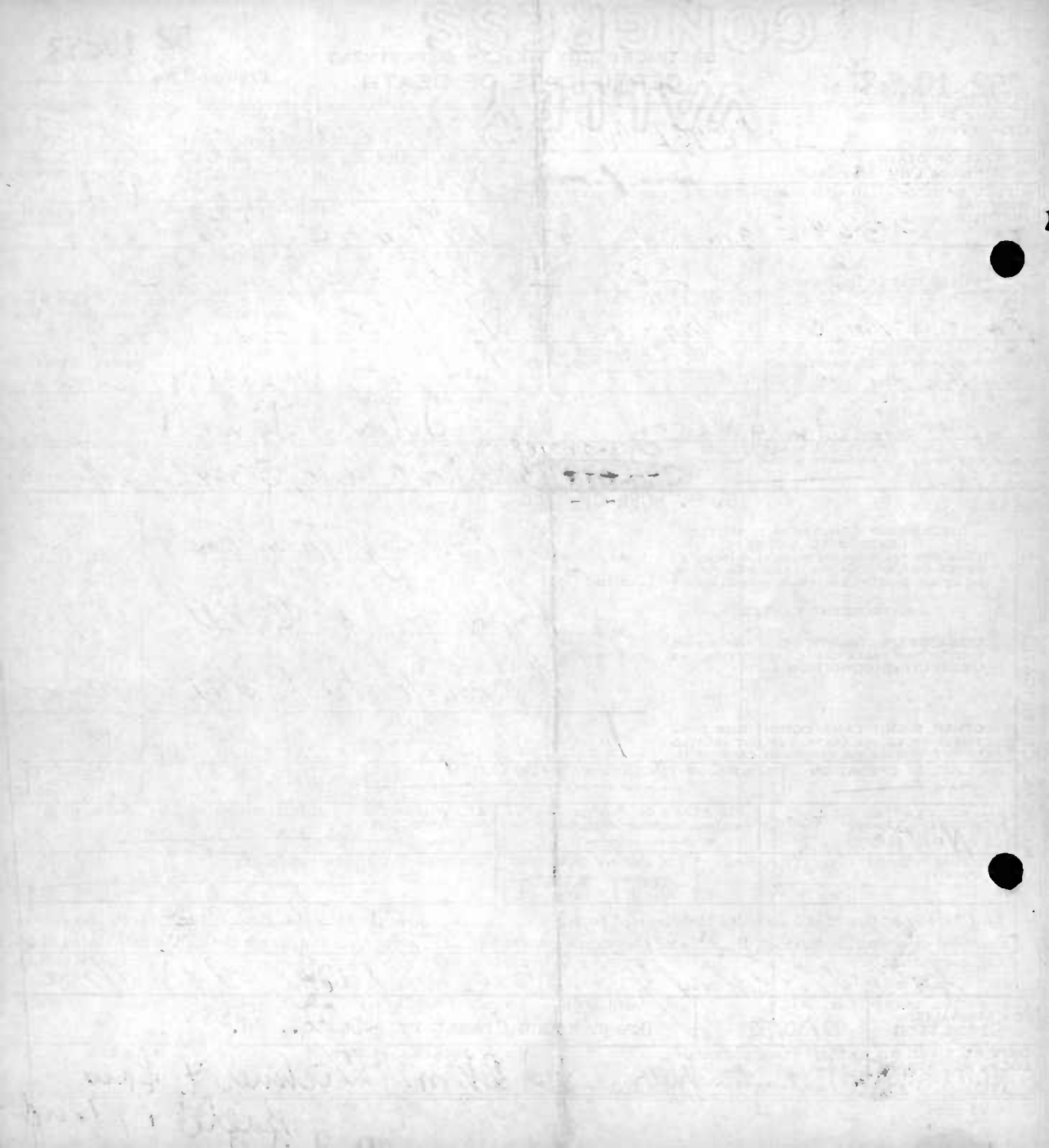
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 10253

1. NAME OF DECEASED (Type or Print) FLORENCE AURYANSEN HAWLEY		2. DATE OF DEATH Nov. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 15-41	
5. FULL NAME OF HOSPITAL OR INSTITUTION 3304 Elgin Ave - 16		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 16-	
c. Length of stay in Baltimore 28 Yrs. Max Days		D. STREET ADDRESS (If rural, give location) 3304 Elgin Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/20/85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 67
11. BIRTHPLACE (State or foreign country) Rermont, New York		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME John W. Auryansen		14. MOTHER'S MAIDEN NAME Julia Jewell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SECURITY NO. 094-09-8788	
17. INFORMANT ADDRESS Mr. Kent Hawley 3304 Elgin Ave - 16-		18. 420.1 S. S. # 094-09-8788 CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cox on ary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive C.V.D.		10 yrs	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Atherosclerotic C.V.D.		10 yrs	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Neither		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1948 to June , 19 52 , that I last saw the deceased alive on June , 19 52 , and that death occurred at 5 PM. , from the causes and on the date stated above.			
23A. SIGNATURE Willard T. Traub		23B. ADDRESS 3400 Woodbine Ave. - 7-	
23C. DATE SIGNED 11/7/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 11/10/52	
24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR 26m. J. Lickner & Sons		ADDRESS Balto 17 Md.	

MEDICAL CERTIFICATION



52 10254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10254

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN V. SCHOENHAAR

2. DATE
OF
DEATH

11/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SIAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4143 FALLS RD.

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8/20/82

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Sprigg Harwood

14. MOTHER'S MAIDEN NAME

Martha V. Harvey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William F. Schoenhofer

4143 Falls Road

18. 157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

C. A. Pancreas

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

9/18/52

19B. MAJOR FINDINGS OF OPERATION

Pancreatic Carcinoma E medullaris

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/52, 19 to 11/6/52, 19, that I last saw the
deceased alive on 11/6/52, 19, and that death occurred at 7:20 p.m. on 11/6/52, from the causes and on the date stated above.

23. SIGNATURE

Dr. Irving Krause

M. D.

23B. ADDRESS

Sinai Hwy.

23C. DATE SIGNED

11/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952

VS 150

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

Forrest F. Burgee

19520010245

MEDICAL CERTIFICATION

1951

1951

STATE OF TEXAS

[Faint, illegible text, likely bleed-through from the reverse side of the page]

-420
52 10255BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10255
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Oden L. Mulcahy		2. DATE OF DEATH November 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2117 Sulgrave Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Contractor		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William A. Mulcahy		14. MOTHER'S MAIDEN NAME Clara E. Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) yes World War I		16. SOCIAL SECURITY NO. 212-22-8169	
17. INFORMANT Edith L. Mulcahy		ADDRESS 2117 Sulgrave Avenue	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Hypertensive CVD. DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Sudden. ?
--	---	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) F INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-16, 1952 to Nov 7, 1952 that I last saw the deceased alive on 11-4, 1952, and that death occurred at 11 4 m., from the causes and on the date stated above.					
23A. SIGNATURE Lawrence J. Hamann		23B. ADDRESS 3711 Fall Rd		23C. DATE SIGNED 11-10-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 11-1952		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Road Balt	
				ADDRESS Pikesville, Balto Co., Md.	

INSTITUTE OF MEDICAL RESEARCH
DEPARTMENT OF MEDICAL RESEARCH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52-15976
52 10256
Registered No.

BIRTH NO. 52-15976

1. NAME OF DECEASED
(Type or Print)

ANITA HASKINS

2. DATE OF DEATH Nov. 7, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

Yrs.
Mos.
Days

5

length of stay in Baltimore

SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Earl Haskins

Sally

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

July 12, 1952

9. AGE (in years last birthday)

If Under 1 Year Months: Days Hours: Min.

5

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Irene Moore

17. INFORMANT

ADDRESS

Earl Haskins - 1808 Brunt St.

CAUSE OF DEATH

18. 525X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Froese

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED Nov. 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

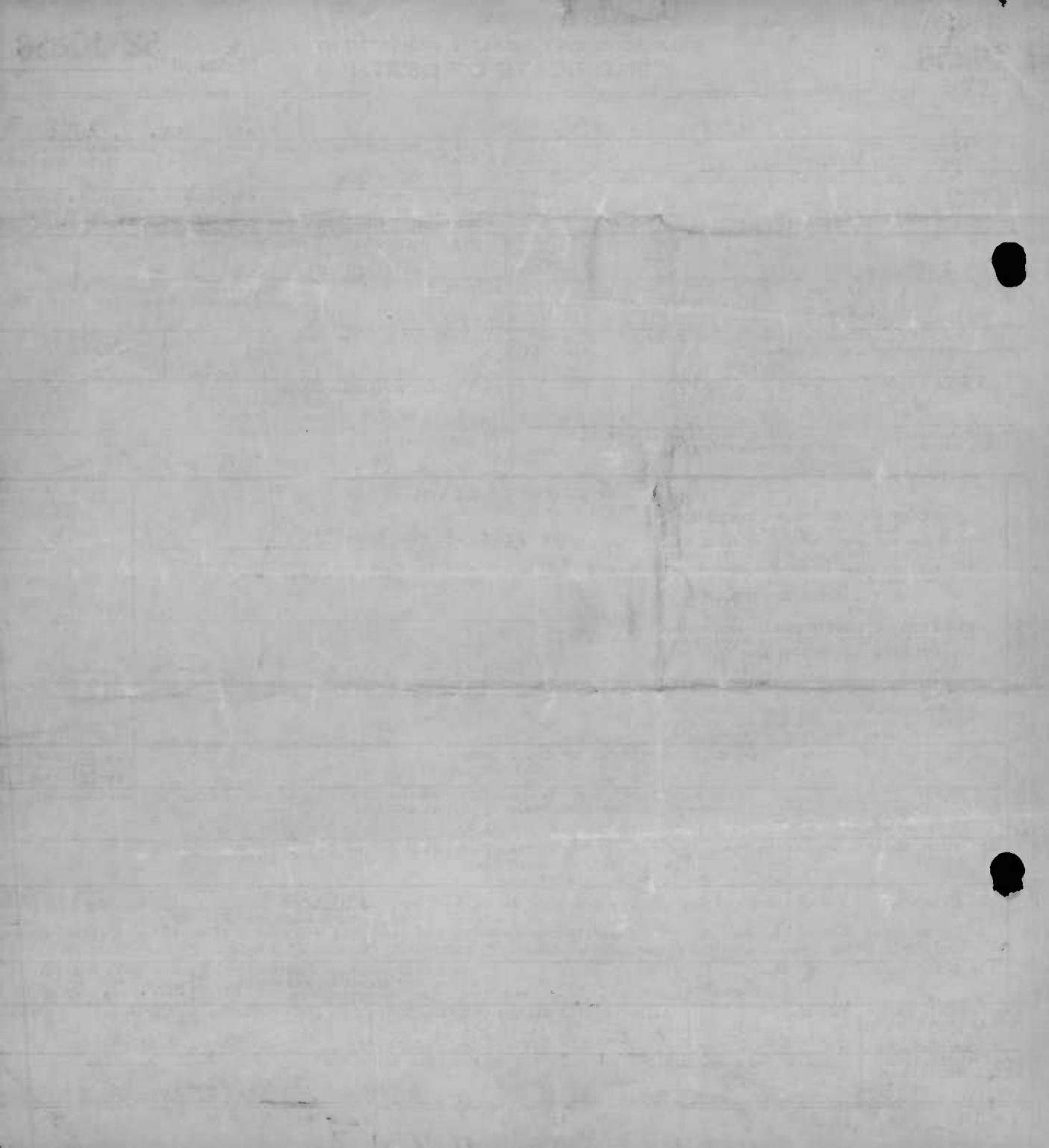
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952

Huntington Williams, M.D. 918 Brunt St. Ave



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10257**

525
52 10257

1. NAME OF DECEASED (Type or Print) JOHN E. Lam JOHNSON			2. DATE OF DEATH November 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-07		
Length of stay in Baltimore years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1607- Ellsworth St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1885	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Elam Johnson			14. MOTHER'S MAIDEN NAME Lindy Howell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Sadie Ford - 1607- Ellsworth St.		

18. 491x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

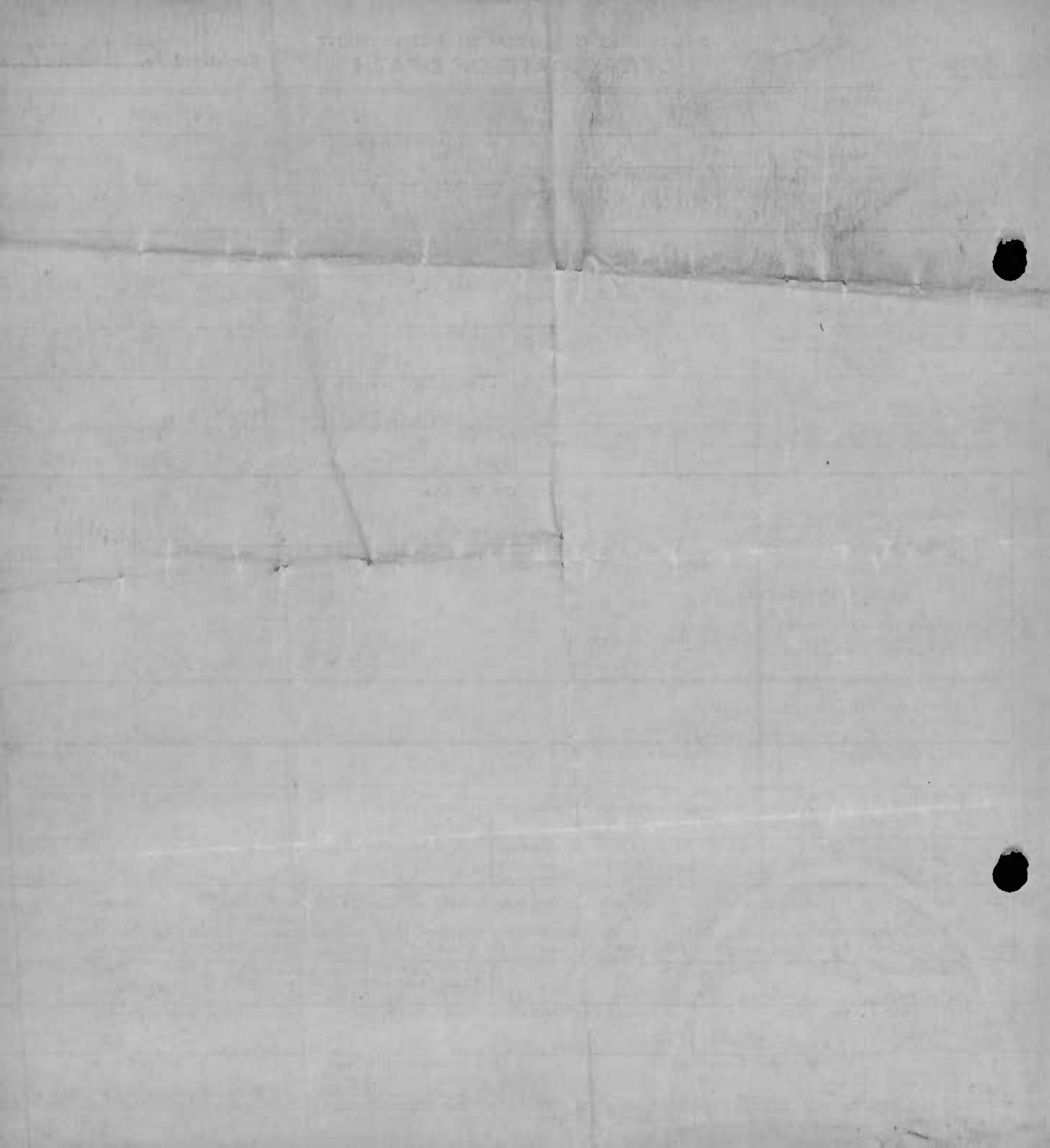
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **William V. Hobbs** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒ 23C. DATE SIGNED **11/4/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **11/10/52** 24C. NAME OF CEMETERY OR CREMATORY **Int. Auburn Cemetery** 24D. LOCATION (City, town, or county) (State) **Maryland**

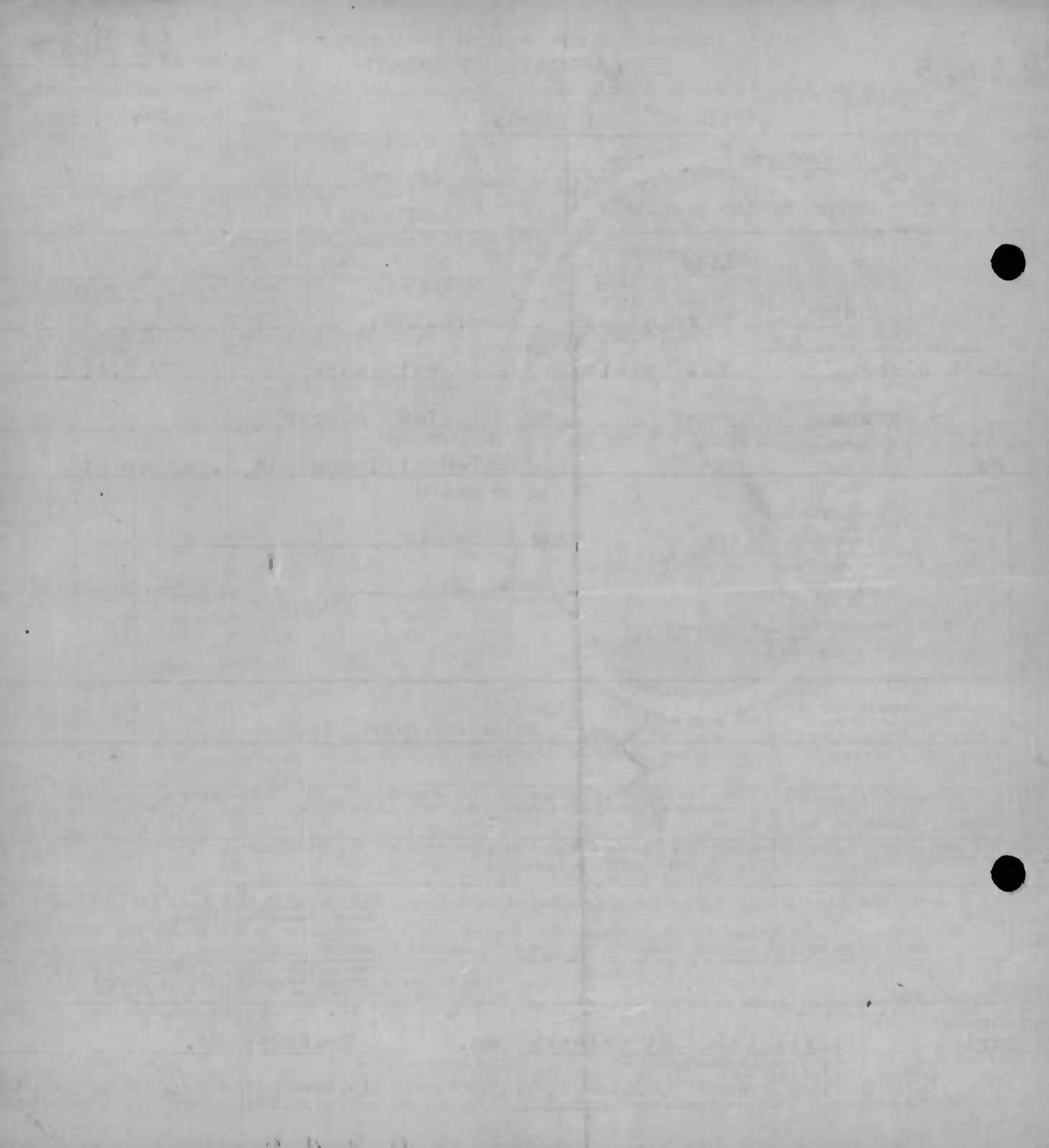
DATE RECEIVED BY LOCAL REGISTRAR **NOV 10 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **A. Holstad - 918- Grand Blv. St.** ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10258**620
52 10258

1. NAME OF DECEASED (Type or Print) OSCAR HARRIS			2. DATE OF DEATH November 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balte. City B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital Length of stay in Baltimore Life			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write rural and give township) Baltimore D. STREET ADDRESS (If rural, give location) 522 N. Eden Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 2, 1891	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat Black			11. BIRTHPLACE (State or foreign country) Baltimore		
10B. KIND OF BUSINESS OR INDUSTRY Shoe Shining			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Iad Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Helen Williams			ADDRESS 253 N. Payson St		

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Lobar Pneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/8/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/11/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		24E. FUNERAL DIRECTOR <i>Dr. W. Williams</i>		24F. ADDRESS <i>1000 Beauty av</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10259

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN

Sutton Mitchell

2. DATE
OF
DEATH

November 8, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Maryland

c. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

1108 Low Street

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 19, 1902

9. AGE (In years
last birthday)

50

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR
INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Mitchell 1108 Low St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21e. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☒

23c. DATE SIGNED

11/8/52

M.D.

ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

11/10/1952

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

523
2 10260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10260

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hattie Winstead

2. DATE
OF
DEATH

Nov. 6, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Ind.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 5-01

D. STREET ADDRESS (If rural, give location)
5 E. Eden St

c. Length of stay in Baltimore

26 Yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female Negro

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

William Morgan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive arteriosclerotic cardiovascular disease

3+ years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterial embolism, left femoral
Multiple pulmonary infarcts

4 days
6 days

19A. DATE OF OPERATION

10-31-52

19B. MAJOR FINDINGS OF OPERATION

Embolism, left femoral artery

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 28, 1952 to Nov 6, 1952 that I last saw the deceased alive on Nov. 6, 1952 and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Alexander S. Woods

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/30/1952

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S ADDRESS

NOV 10 1952 Huntington Williams, M.D.

Thoy O. Wilson 1008 Bond St

CERTIFICATE OF DEATH

CAUSE OF DEATH

THE INTERNATIONAL DOCTORATE OF MEDICINE
AND SURGERY
AND THE AMERICAN COLLEGE OF SURGEONS
AND THE AMERICAN ASSOCIATION OF SURGEONS
AND THE AMERICAN ASSOCIATION OF OBSTETRICIANS
AND THE AMERICAN ASSOCIATION OF GYNECOLOGISTS
AND THE AMERICAN ASSOCIATION OF PEDIATRICIANS
AND THE AMERICAN ASSOCIATION OF DENTISTS
AND THE AMERICAN ASSOCIATION OF OPTICIANS
AND THE AMERICAN ASSOCIATION OF PHARMACEUTISTS
AND THE AMERICAN ASSOCIATION OF NURSES
AND THE AMERICAN ASSOCIATION OF SOCIAL WORKERS
AND THE AMERICAN ASSOCIATION OF JOURNALISTS
AND THE AMERICAN ASSOCIATION OF WRITERS
AND THE AMERICAN ASSOCIATION OF ACTORS
AND THE AMERICAN ASSOCIATION OF DIRECTORS
AND THE AMERICAN ASSOCIATION OF PRODUCERS
AND THE AMERICAN ASSOCIATION OF MUSICIANS
AND THE AMERICAN ASSOCIATION OF COMPOSERS
AND THE AMERICAN ASSOCIATION OF LYRICISTS
AND THE AMERICAN ASSOCIATION OF THEATRE MANAGERS
AND THE AMERICAN ASSOCIATION OF THEATRE OWNERS
AND THE AMERICAN ASSOCIATION OF THEATRE GOERS
AND THE AMERICAN ASSOCIATION OF THEATRE CRITICS
AND THE AMERICAN ASSOCIATION OF THEATRE HISTORIANS
AND THE AMERICAN ASSOCIATION OF THEATRE ARCHITECTS
AND THE AMERICAN ASSOCIATION OF THEATRE ENGINEERS
AND THE AMERICAN ASSOCIATION OF THEATRE ELECTRICIANS
AND THE AMERICAN ASSOCIATION OF THEATRE MECHANICS
AND THE AMERICAN ASSOCIATION OF THEATRE PAINTERS
AND THE AMERICAN ASSOCIATION OF THEATRE COSTUME DESIGNERS
AND THE AMERICAN ASSOCIATION OF THEATRE PROPRIETORS
AND THE AMERICAN ASSOCIATION OF THEATRE MANAGERS
AND THE AMERICAN ASSOCIATION OF THEATRE OWNERS
AND THE AMERICAN ASSOCIATION OF THEATRE GOERS
AND THE AMERICAN ASSOCIATION OF THEATRE CRITICS
AND THE AMERICAN ASSOCIATION OF THEATRE HISTORIANS
AND THE AMERICAN ASSOCIATION OF THEATRE ARCHITECTS
AND THE AMERICAN ASSOCIATION OF THEATRE ENGINEERS
AND THE AMERICAN ASSOCIATION OF THEATRE ELECTRICIANS
AND THE AMERICAN ASSOCIATION OF THEATRE MECHANICS
AND THE AMERICAN ASSOCIATION OF THEATRE PAINTERS
AND THE AMERICAN ASSOCIATION OF THEATRE COSTUME DESIGNERS
AND THE AMERICAN ASSOCIATION OF THEATRE PROPRIETORS

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 10261	
1. NAME OF DECEASED (Type or Print)			Rachel Lawrence		
2. DATE OF DEATH			Nov. 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1402 N. Mount St. Life			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1402 N. Mount St.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1893	9. AGE (In years last birthday) 59	10. If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife			11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Louis Saunders			14. MOTHER'S MAIDEN NAME Mary Reed		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XXXXXXXXXX		17. INFORMANT ADDRESS Martha Green 1402 N. Mount St.	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Arteriosclerosis</i> DUE TO (B) DUE TO (C) <i>Myocardial Failure, Right Heart Failure</i>		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 1951</i> , to <i>Nov. 6, 1952</i> , that I last saw the deceased alive on <i>Nov 6, 1952</i> , and that death occurred at <i>4 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edith L. Karpely</i>		23B. ADDRESS <i>722 N. Fulton Ave</i>		23C. DATE SIGNED <i>11/8/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/11/52		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.			

722 Fulton *cur*

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2 10262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10262

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Frederick J. Blank		Nov. 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		A. STATE Md.	
3218 Gwynns Falls Parkway		B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)		D. STREET ADDRESS (If rural, give location)	
Baltimore		3218 Gwynns Falls Parkway	
c. Length of stay in Baltimore		8. DATE OF BIRTH	
Yrs. Mos. Days		July 4, 1893	
5. SEX		9. AGE (in years last birthday)	
Male		59	
6. COLOR OR RACE		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
White		Bottling Dept. National Brewing Co.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		10b. KIND OF BUSINESS OR INDUSTRY	
Single			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Md.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frederick Blank		Josephine Abendschoen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT		ADDRESS	
Miss Ursula M. Blank		3218 Gwynns Falls Parkway	

18. 353.3		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Epilepsy		5-10 yrs	
ANTECEDENT CAUSES		(B) Epileptic attack, cerebral anoxia		1 hr	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
22. I hereby certify that I attended the deceased from Oct. 1951, to Nov. 9, 1952, that I last saw the deceased alive on Nov. 9, 1952, and that death occurred at 3:40 p.m., from the causes and on the date stated above.					
22A. SIGNATURE		22B. ADDRESS		22C. DATE SIGNED	
Dorothy R. Cohen		2835 Gwynns Falls Parkway		11/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11-12-1952		Holy Cross	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
NOV 10 1952		Huntington Williams, M.D.		G. Howard Strong	
				ADDRESS	
				3207 W. North Ave.,	

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52 10263BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10263

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>GRACE A. Ruby</i>		2. DATE OF DEATH <i>Nov 8. 1952</i>	
3. PLACE OF DEATH a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1411 KUPER PLACE</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 19-03</i>			
6. Length of stay in Baltimore <i>15</i>		D. STREET ADDRESS (If rural, give location) <i>1411 KUPER PLACE</i>			
7. SEX <i>FEMALE</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	10. DATE OF BIRTH <i>NOV 25. 1897</i>	11. AGE (In years last birthday) <i>54</i>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>PENNA</i>	
13. FATHER'S NAME <i>GRAHAM GOETZ</i>		14. MOTHER'S MAIDEN NAME <i>LAURA DEITRICH</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if at unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>ROBERT E. Ruby</i> ADDRESS <i>1411 KUPER PLACE</i>	
18. <i>260X</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) <i>Hypertensive Cardiovascular Disease</i>	
DUE TO				INTERVAL BETWEEN ONSET AND DEATH <i>about 5 years</i>	
ANTECEDENT CAUSES				(B) <i>Diabetes Mellitus</i>	
DUE TO				about 5 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 12,</i> 19 <i>52</i> to <i>Nov. 8,</i> 1952, that I last saw the deceased alive on <i>Oct. 27,</i> 1952, and that death occurred at <i>a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Amos G. Harris</i>		23B. ADDRESS <i>516 Cathedral St.</i>		23C. DATE SIGNED <i>11/10/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>11-11-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	
24D. LOCATION (City, town, or county) <i>A.A. Co Md</i>		24E. STATE (State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Woff & B.M. Walters</i> ADDRESS <i>Pratt & Cluckys</i>	

MEDICAL CERTIFICATION

62501-92

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TOP SECRET

CONFIDENTIAL

SECRET

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2 10264
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10264
Registered No.

1. NAME OF DECEASED (Type or Print) Dora E. Ader			2. DATE OF DEATH Nov. 9/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3228 E. Balto. St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: 3228 E. Balto. St B. COUNTY: 26-10 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. Md. D. STREET ADDRESS (If rural, give location): 3228 E. Balto. St		
B. FULL NAME OF HOSPITAL OR INSTITUTION			5. AGE (In years last birthday) 78 If Under 1 Year Months: Days Hours: Min.		
c. Length of stay in Baltimore life			6. DATE OF BIRTH Dec. 3, 1874		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. BIRTHPLACE (State or foreign country) Balto. Md.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
10B. KIND OF BUSINESS OR INDUSTRY			14. MOTHER'S MAIDEN NAME unknown		
13. FATHER'S NAME Steigerwald			17. INFORMANT ADDRESS Mr. Chas. D. Ader 1225 Rustic Ave. 6		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --			16. SOCIAL SECURITY NO.		

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Coronary Thrombosis 2 weeks		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1952 to Nov 9, 1952 , that I last saw the deceased alive on Nov 8, 1952 , and that death occurred at 48 m., from the causes and on the date stated above.					
23A. SIGNATURE J. H. Gordon		23B. ADDRESS 3400 E. Balto St		23C. DATE SIGNED 11/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 12/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS 2024 Orleans St	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952		VS 150			

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RECEIVED BY THE DEPARTMENT OF THE ARMY
WASHINGTON, D.C. 20315

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Wheatley
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10265

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>WHEATLEY, Mary VIRGINIA</i>		2. DATE OF DEATH <i>11/7/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Howard</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ellicott City 6300</i>	
5. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>Old Fredrick Road</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1876 76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>William H. Amoss</i>		14. MOTHER'S MAIDEN NAME <i>Sane</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>ETHEL LOEHART, ELICOTT CITY, Md</i>		ADDRESS	
18. <i>443x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral vascular accident</i> DUE TO (B) <i>Hypertensive vascular disease</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> <i>2-3 years</i>		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK			
22. I hereby certify that I attended the deceased from <i>11/3</i> 19 <i>52</i> , to <i>11/7</i> 19 <i>52</i> , that I last saw the deceased alive on <i>11/7</i> 19 <i>52</i> , and that death occurred at <i>1234</i> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Greene B Smith, Jr.</i>		23B. ADDRESS <i>Univ Hosp. Balto</i>	
23C. DATE SIGNED <i>11/7/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>Nov. 11, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>MT. VIEW</i>		24D. LOCATION (City, town, or county) (State) <i>ALPHA, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>	
F. C. HIGGINBOTHAM, ELICOTT CITY, Md.		F. C. HIGGINBOTHAM, ELICOTT CITY, Md.	

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662
52 10266BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10266

1. NAME OF DECEASED (Type or Print) JOHN O'ROURKE		2. DATE OF DEATH 11-8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PASADENA 5200	
C. Length of stay in Baltimore Unknown		D. STREET ADDRESS (If rural, give location) SUNSET BEACH	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-9-1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mech. Tool.		10B. KIND OF BUSINESS OR INDUSTRY Ans. Sup. Ac.	9. AGE (In years last birthday) 74
13. FATHER'S NAME MICHAEL O'ROURKE		11. BIRTHPLACE (State or foreign country) MD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. Unknown		14. MOTHER'S MAIDEN NAME MARY HAWKES	
18. 443X		17. INFORMANT ADDRESS HOSP. CLERK	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
I		(A) CEREBRAL HEMORRHAGE	
DUE TO		(B) HYPERTENSIVE C.V. DISEASE	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) GENERALIZED ATHEROSCLEROSIS	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Sennity	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-8 , 1952, to 11-8 , 1952, that I last saw the deceased alive on 11-8 , 1952, and that death occurred at 11:45 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Franklin S. Hays		23B. ADDRESS Franklin S. Hays	
23C. DATE SIGNED 11-8-52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11-12-52	
24C. NAME OF CEMETERY OR CREMATORY CATHOLIC		24D. LOCATION (City, town, or county) (State) BALTO.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR 52347 130 E. FORT AVE.		ADDRESS	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10267**

630
2 10267
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY A.FORD. (Mary Agnes Ford)		2. DATE OF DEATH NOVEMBER 8 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE CITY.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTIMORE CITY Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2820 Maryland Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY MARYLAND	
D. STREET ADDRESS (If rural, give location) 2820 MARYLAND AVE.		E. Length of stay in Baltimore 64 years	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 8, 1864
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In year last birthday) 88
11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Scott		14. MOTHER'S MAIDEN NAME Alice Donahue	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Thomas Ford		ADDRESS 2820 Maryland Ave.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) CHRONIC MYOCARDITIS	JULY 17 1951
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) ARTERIOR SCLEROSIS.	1951.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) SENILITY.	1950.
		NONE	

19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) F INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **JULY 17 51, 19** to **NOV. 8**, 19**52**, that I last saw the deceased alive on **NOV 12**, 19**52**, and that death occurred at **12.20 PM**, from the causes and on the date stated above.

23A. SIGNATURE <i>Chas F. Evans</i>		23B. ADDRESS 3013 SAINT PAUL STREET.		23C. DATE SIGNED NOV 8 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 11, 1952		24C. NAME OF CEMETERY OR CREMATORY St. Joseph Texas	
24D. LOCATION (City, town, or county) (State) Texas Maryland		25. FUNERAL DIRECTOR Chas F. Evans & Son			
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952		REGISTRAR'S SIGNATURE <i>Huntington</i>		ADDRESS 118 W. Mt. Royal Ave.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10268

1. NAME OF DECEASED (Type or Print)		CLIFFORD TRUSTY		2. DATE OF DEATH		11-8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1722 N. Wolfe St.				C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give township) BALTIMORE 8-06			
C. Length of stay in Baltimore Life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1722 N. Wolfe St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year	11. Under 24 Hours	
M.	C.	MARRIED	2-22-1885	67	Months: Days	Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
CAR SWITCH OPERATOR		CHEMICAL CO.		BALTO: MD			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
PNOCH TRUSTY				MARY JANE COOK			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			
				BARBARA TRUSTY 1722 N. Wolfe St.			
18. 156.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
(A) DUE TO				Sarcoma of liver origin unknown			
ANTECEDENT CAUSES				(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
Biopsy Johns Hopkins Hospital - no above							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10.2, 1952 to 11-8, 1952, that I last saw the deceased alive on 11-4, 1952 and that death occurred at 8.30 P. from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS		23C. DATE SIGNED	
1500 EAST BROWN, M.D.						11-10-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
BURIAL		11-12-52		MT. CALVARY		A.A. County, MD.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
NOV 10 1952		Huntington Williams, M.D.		Joseph G. Locks, Jr.		1304 N. Central Ave	

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MEDICAL CERTIFICATION

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2 10269BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10269

1. NAME OF DECEASED (Type or Print) FREDRICK BAUERNFELD		2. DATE OF DEATH 11-8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital.		C. CITY OR TOWN Halethorpe	
D. STREET ADDRESS (If rural, give location) 4630 Magnolia Ave. 5300		5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 1-1883
9. AGE (In years last birthday) 69		10. UNDER 1 Year Months: Days: 0 7	11. UNDER 24 Hours Hours: Min. 0 7
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Christopher Bauernfeld		14. MOTHER'S MAIDEN NAME Sabina Buhl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Kina Bauernfeld		ADDRESS 4630 Magnolia Ave.	
18. 420.0		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Congestive failure	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Myocardial infarction	
		DUE TO	
		(C) Arterio sclerotic heart disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 7 weeks	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-6-52 19 52 , to 11-8-52 , 19 52 , that I last saw the deceased alive on 11-8-52 , 19 52 , and that death occurred at 6:45 m., from the causes and on the date stated above.			
23A. SIGNATURE Henry D. Perry Jr.		23B. ADDRESS University Hospital	
23C. DATE SIGNED 11-8-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 12-52	
24C. NAME OF CEMETERY OR CREMATORY CATHARTON		24D. LOCATION (City, town, or county) (State) Eastern Ave. Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John S. Connolly		ADDRESS Box	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10270

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OSCAR PHILLIP CUNNINGHAM

2. DATE OF DEATH Nov. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

12 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

B. DATE OF BIRTH

Dec. 6 1906

9. AGE (In years last birthday)

45

10. Under 1 Year Months: Days
11

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Hammer Lumber Co.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nicholas Cunningham

14. MOTHER'S MAIDEN NAME

Elizabeth Ashcraft

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Cunningham Above

18. 757.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

Congenital absence left kidney
multicystic right kidney

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

with Hypertensive Cardio Vascular Disease
and multiple cysts of liver

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 20th, 1952, to Nov. 9th, 1952, that I last saw the deceased alive on Nov. 9th, 1952, and that death occurred at 7:45p m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

Nov. 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 12-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern An.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

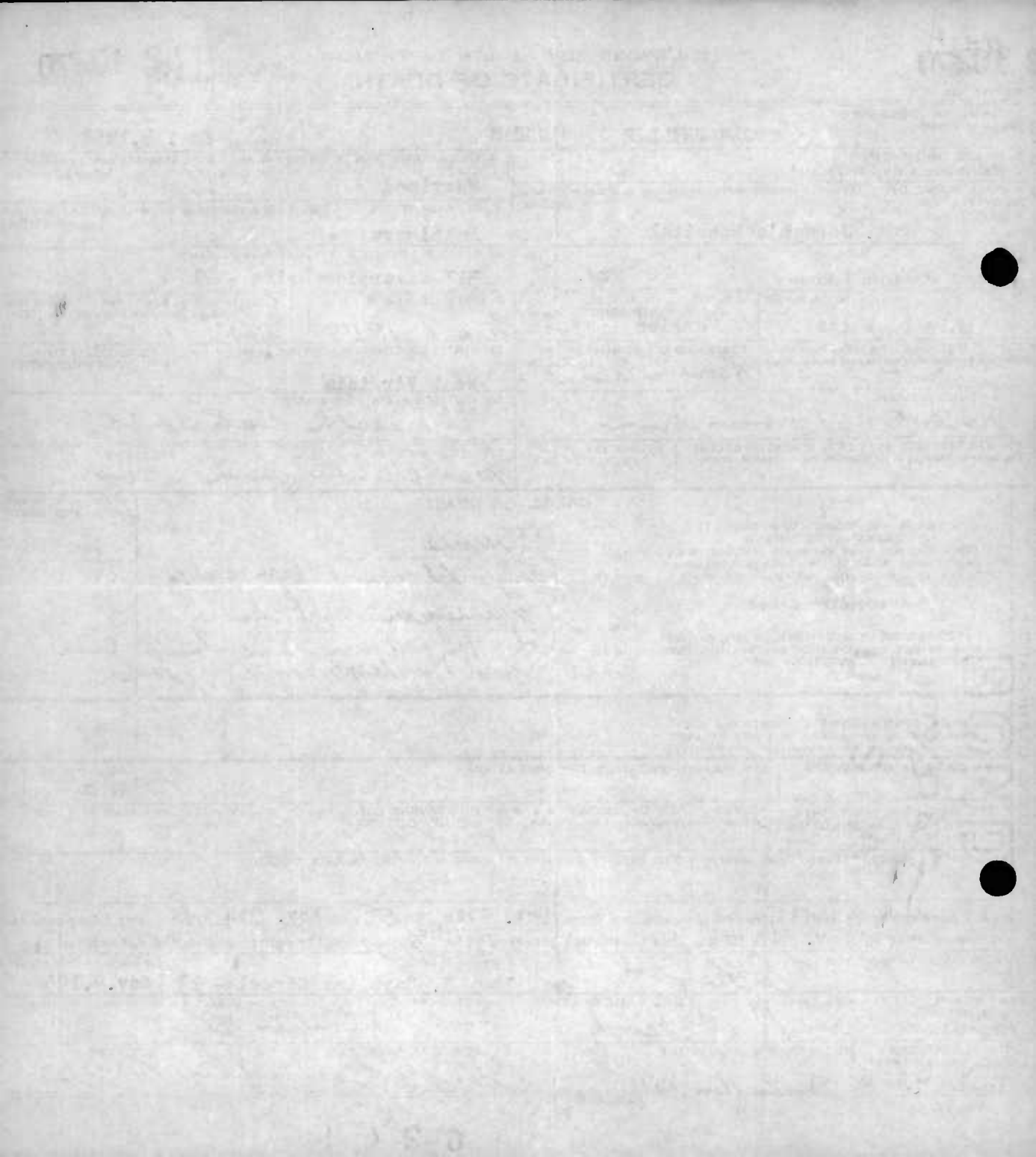
25. FUNERAL DIRECTOR

Shm. S. Connelley

ADDRESS

Essex

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10271**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie B. Uhlich

2. DATE
OF
DEATH

II-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Home For Incurables

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE **Maryland**

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1300 Aintree Rd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 28, 1870

9. AGE (In years last birthday)

82

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

DeKalb, Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Erschine Hoyt

14. MOTHER'S MAIDEN NAME

Mary Badger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary E. Jones 1300 Aintree Rd.

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Old Right Hemiplegia

12 years

(C) DUE TO

Hypertensive Cardiac - Vascular Disease

14 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **November 8, 1949** to **Nov. 8, 1952**, that I last saw the deceased alive on **Nov. 8, 1952**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. J. Trotter

M. D.

214 Medical Bldg

11/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

II-II-52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Greenmount & Oliver St. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952

Huntington Williams, M.D.

William Cook, Jr. 1217 St. Paul St.

1901

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1901

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Cause of Death		Date of Death		Place of Death		Signature of Physician		Signature of Registrar		Signature of Witness	

416
2 10272BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10272

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence M. Sloffer

2. DATE
OF
DEATH II-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1521 Eutaw Pl.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1521 Eutaw Place

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 8, 1866

9. AGE (in years last birthday)

86

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Myers

14. MOTHER'S MAIDEN NAME

Amelia Gaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Viola G. Sloffer 1521 Eutaw Place.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bronchopneumonia

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Cardiac Decompensation

6 mos

Hypertensive Cardio Vascular Hypertension

Cerebral Hemorrhage

10 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from April 1952, to 8 Nov 1952, that I last saw the deceased alive on 8 Nov 1952, and that death occurred at 8:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

II-II-52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 10 1952

Huntington Williams, M.D. William Cook Inc. 1217 St. Paul St.

132

DECLARATION OF DEATH

1. Name of Deceased		2. Date of Death	
3. Place of Death		4. Cause of Death	
5. Age of Deceased		6. Sex of Deceased	
7. Marital Status		8. Occupation	
9. Signature of Declarant		10. Signature of Witness	
11. Signature of Physician		12. Signature of Coroner	
13. Signature of Registrar		14. Signature of Clerk	
15. Signature of Notary		16. Signature of Judge	
17. Signature of Mayor		18. Signature of Councilman	
19. Signature of Alderman		20. Signature of Mayor	
21. Signature of Councilman		22. Signature of Alderman	
23. Signature of Mayor		24. Signature of Councilman	
25. Signature of Alderman		26. Signature of Mayor	
27. Signature of Councilman		28. Signature of Alderman	
29. Signature of Mayor		30. Signature of Councilman	
31. Signature of Alderman		32. Signature of Mayor	
33. Signature of Councilman		34. Signature of Alderman	
35. Signature of Mayor		36. Signature of Councilman	
37. Signature of Alderman		38. Signature of Mayor	
39. Signature of Councilman		40. Signature of Alderman	
41. Signature of Mayor		42. Signature of Councilman	
43. Signature of Alderman		44. Signature of Mayor	
45. Signature of Councilman		46. Signature of Alderman	
47. Signature of Mayor		48. Signature of Councilman	
49. Signature of Alderman		50. Signature of Mayor	
51. Signature of Councilman		52. Signature of Alderman	
53. Signature of Mayor		54. Signature of Councilman	
55. Signature of Alderman		56. Signature of Mayor	
57. Signature of Councilman		58. Signature of Alderman	
59. Signature of Mayor		60. Signature of Councilman	
61. Signature of Alderman		62. Signature of Mayor	
63. Signature of Councilman		64. Signature of Alderman	
65. Signature of Mayor		66. Signature of Councilman	
67. Signature of Alderman		68. Signature of Mayor	
69. Signature of Councilman		70. Signature of Alderman	
71. Signature of Mayor		72. Signature of Councilman	
73. Signature of Alderman		74. Signature of Mayor	
75. Signature of Councilman		76. Signature of Alderman	
77. Signature of Mayor		78. Signature of Councilman	
79. Signature of Alderman		80. Signature of Mayor	
81. Signature of Councilman		82. Signature of Alderman	
83. Signature of Mayor		84. Signature of Councilman	
85. Signature of Alderman		86. Signature of Mayor	
87. Signature of Councilman		88. Signature of Alderman	
89. Signature of Mayor		90. Signature of Councilman	
91. Signature of Alderman		92. Signature of Mayor	
93. Signature of Councilman		94. Signature of Alderman	
95. Signature of Mayor		96. Signature of Councilman	
97. Signature of Alderman		98. Signature of Mayor	
99. Signature of Councilman		100. Signature of Alderman	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10273
Registered No. _____

453
52 10273
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Helen Palmer Holland</i>				2. DATE OF DEATH <i>11/6/1952</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1529 Mc Culloch St.</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balti</i>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____				D. STREET ADDRESS (If rural, give location) <i>1529 Mc Culloch St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>Sep. 2, 1913</i>	9. AGE (In years last birthday) <i>39</i>	If Under 1 Year Months: _____ Days: _____	If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>S. Folk Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>John Jones</i>				14. MOTHER'S MAIDEN NAME <i>Maggie Thomas</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Leslie Holland 1529 Mc Culloch St</i>			
18. <i>163x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Carcinoma of lung</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-26</i> , 19 <i>52</i> to <i>11</i> , 19 <i>52</i> that I last saw the deceased alive on <i>10-30</i> 19 <i>52</i> and that death occurred at _____ m., from the causes and on the date stated above.							
23A. SIGNATURE <i>W. Atwell Jones</i>				23B. ADDRESS <i>5-8-14 Dolfen St</i>		23C. DATE SIGNED <i>11-7-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/10/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>		24D. LOCATION (City, town, or county) (State) <i>Arbutus Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Mrs. F. Williams</i>		ADDRESS <i>322 P. Howard St.</i>	

MEDICAL CERTIFICATION

350
52 10274BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10274

Registered No.

BIRTH NO.		2. DATE OF DEATH 11/7/52	
1. NAME OF DECEASED (Type or Print) LEROY ODEN			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University of Md. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 625 W. Fayette St.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH JUNE 34, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen	9. AGE (In years last birthday) 34
13. FATHER'S NAME Arthur Oden		11. BIRTHPLACE (State or foreign country) HARMON MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes		14. MOTHER'S MAIDEN NAME Alice	
16. SOCIAL SECURITY NO.		17. INFORMANT Lucille Oden	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Massive Pulmonary Hemorrhage DUE TO (B) Pulmonary Tuberculosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH one day? ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/7, 1952, to 11/7, 1952 that I last saw the deceased alive on 11:10 PM, 1952 and that death occurred at 11:10 PM., from the causes and on the date stated above.			
23A. SIGNATURE B. Goldberger		23B. ADDRESS University Hosp.	
23C. DATE SIGNED 10/7/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/13/1952	
24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322 N. Schenck St.	

1952 97099 0205

15 10371

DEPARTMENT OF THE ARMY
MEDICATE OF DEATH

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620
10275

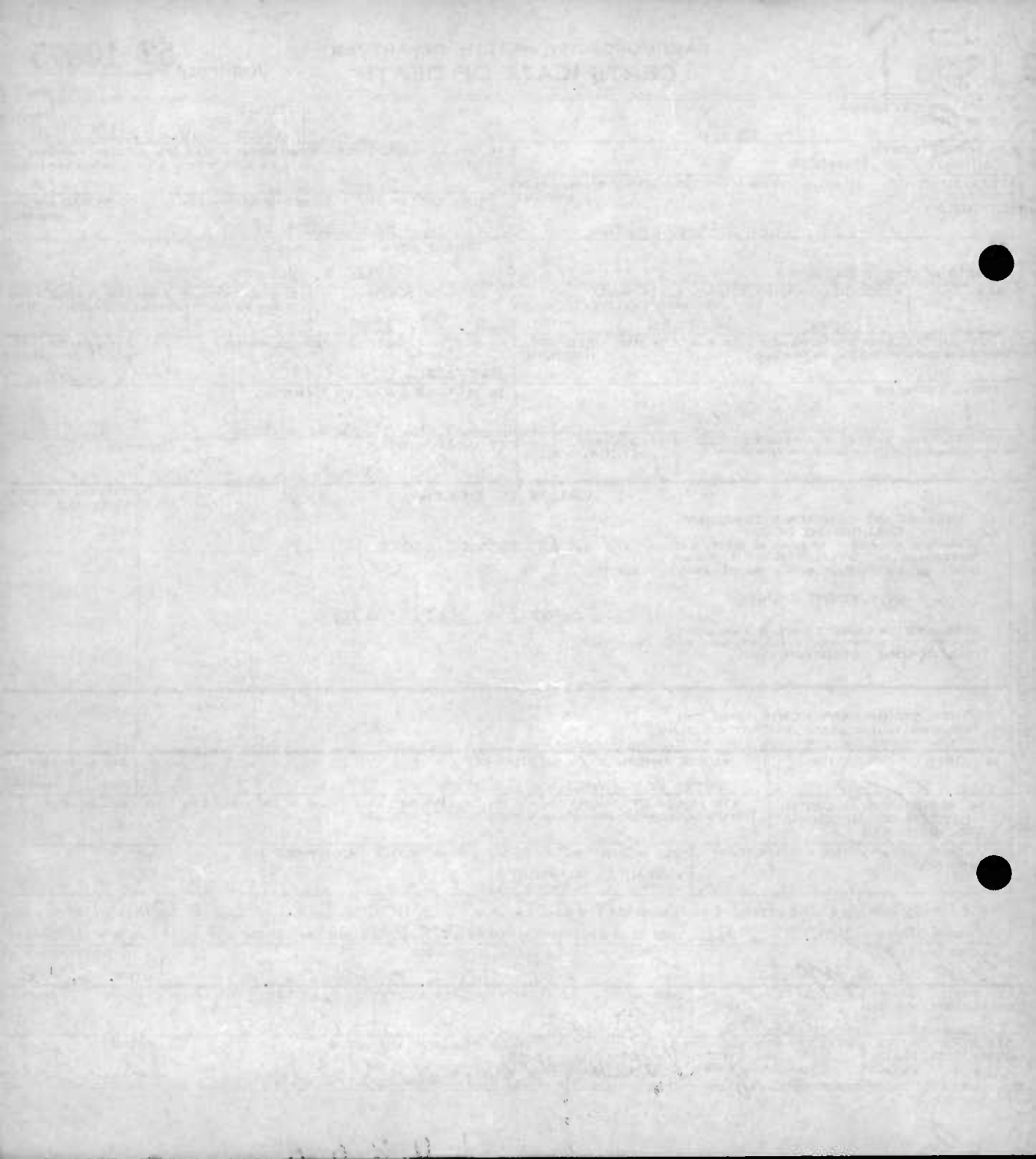
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10275

1. NAME OF DECEASED (Type or Print) Briggs, Mamie		2. DATE OF DEATH Nov. 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write R.U.A. and give township) Baltimore 17	
C. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 1802 N. Monroe Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67
13. FATHER'S NAME William Allen		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Annie Brown	
18. 420.1		17. INFORMANT Rev. Charles Briggs 1802 N. Monroe St.	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary occlusion DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Congestive heart failure DUE TO			
III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION Oct. 23, 1952		19B. MAJOR FINDINGS OF OPERATION Severe Postoperative adhesions	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 19 , 1952, to Nov. 8 , 1952 that I last saw the deceased alive on Nov. 8 , 1952, and that death occurred at 1:25 Pm. , from the causes and on the date stated above.			
23A. SIGNATURE W. E. Coppola		23B. ADDRESS 1100 N. Caroline St.	
23C. DATE SIGNED Nov. 8, '52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/12/52	
24C. NAME OF CEMETERY OR CREMATORY W. H. Anderson Am. Bldg.		24D. LOCATION (City, town, or county) (State) W.D.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952		25. FUNERAL DIRECTOR Mr. Kate R. Williams	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 322 N. Schweder St.	

MEDICAL CERTIFICATION

1952 0010266



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10276**

530
10276
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DAVID LUCIUS MINATEE		2. DATE OF DEATH Nov. 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1630 Druid Hill Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/6/1893
9. AGE (In years last birthday) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10B. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (State or foreign country) Atlantic Ga.
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME P	14. MOTHER'S MAIDEN NAME P	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes	16. SOCIAL SECURITY NO. W.W.I	17. INFORMANT Barrett Lee	
18. 443X		ADDRESS 1630 Druid Hill Ave	

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease
DUE TO with myocardial insufficiency**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

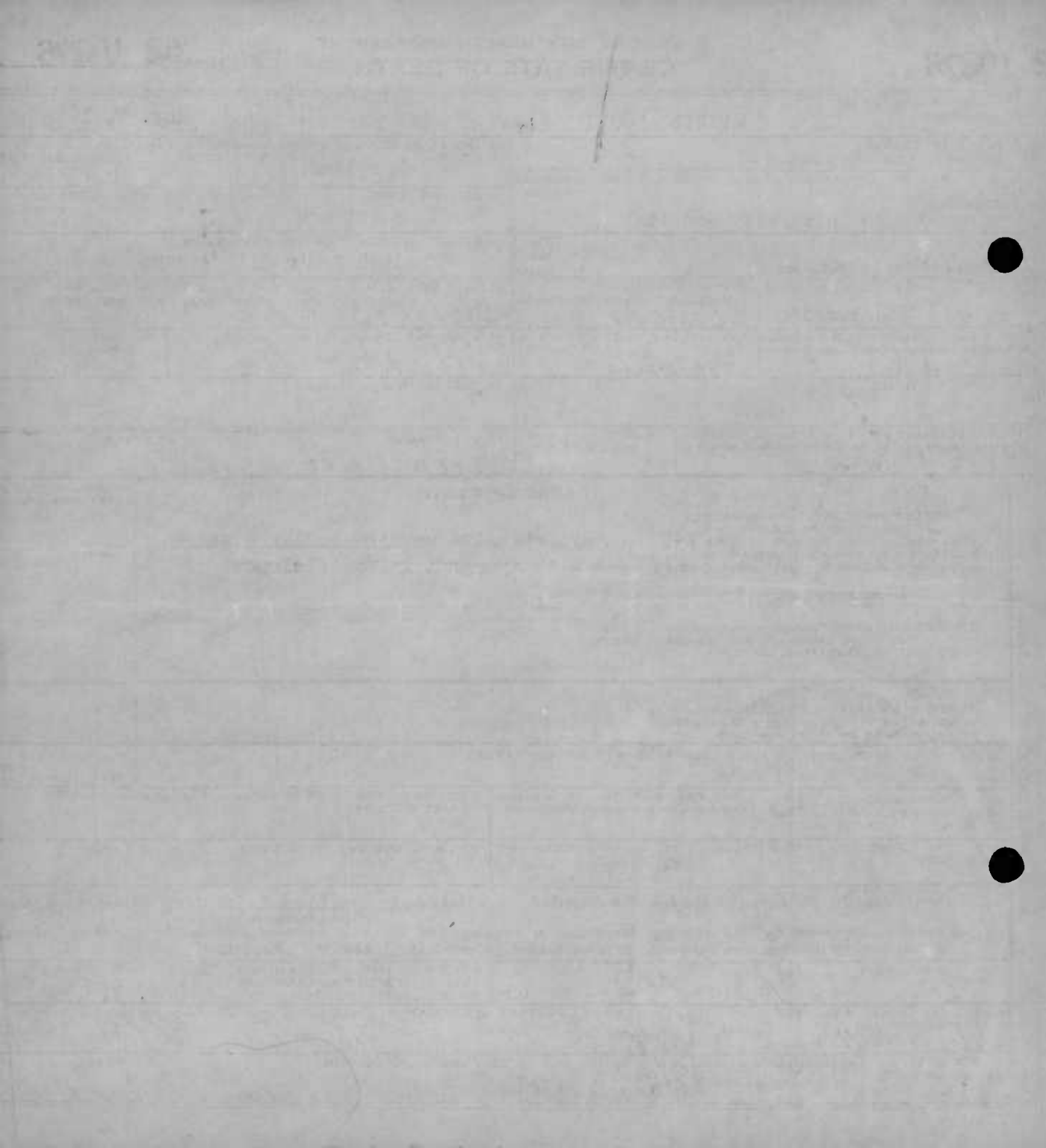
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Nov. 7, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/12/52	24C. NAME OF CEMETERY OR CREMATORY Balto. National
24D. LOCATION (City, town, or county) Balto.	24E. STATE MD.	25. FUNERAL DIRECTOR Mrs. Kate R. Williams
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952	REGISTRAR'S SIGNATURE Huntington	ADDRESS 822 G Schroedinger

MEDICAL CERTIFICATION



520
52 10277BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10277

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward C. Bunch

2. DATE
OF
DEATH

11-9-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

2519 East Hoffman Street

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 24, 1885

9. AGE (In years
last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - Motor Dept.

10b. KIND OF BUSINESS OR

INDUSTRY

Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF

U. S. A.

13. FATHER'S NAME

Robert Bunch

14. MOTHER'S MAIDEN NAME

Charlotte Mc Callister

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-05-3904

17. INFORMANT

ADDRESS

William Bunch - 2519 E. Hoffman St.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Heart disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19/49, 19__, to 11/9/52, 19__, that I last saw the
deceased alive on 11/8/52, 19__, and that death occurred at 3:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE

Max Braun

M. D.

23b. ADDRESS

15016 Milton Ave.

23c. DATE SIGNED

11/10/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

11-12-52

24c. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24d. LOCATION (City, town, or county)

Belair Rd - Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John C. Miller Inc. - 2435 E. Oliver St.

NOV 10 1952

VS 150

554 SE, 0260

1951 10 15

RECEIVED BY THE
FEDERAL BUREAU OF INVESTIGATION

10 15 1951

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2-460
10278BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10278

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) MR JOHN MILLER		9 NOVEMBER 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 429 So. ROBINSON ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE	
C. Length of stay in Baltimore 67 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 429 So. ROBINSON ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6/7/1885
9. AGE (In years last birthday) 67		10. Under 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFER		10B. KIND OF BUSINESS OR INDUSTRY TEXAS CO.	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME MR CARL MILLER		14. MOTHER'S MAIDEN NAME MRS MINNIE SCHVETTER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 213-01-3845	
17. INFORMANT WIFE		ADDRESS 429 So. ROBINSON ST.	
18. 443X and 260X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) HYPERTENSIVE CARDIOVASCULAR DISEASE	
ANTECEDENT CAUSES		(B) GENERALIZED ARTERIOSCLEROSIS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) AGE	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DIABETES MELLITUS - MILD	
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION NONE	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) NONE	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) NONE		21D. HOW DID INJURY OCCUR? NONE	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from APRIL , 1952, to 9 NOV , 1952, that I last saw the deceased alive on 9 NOV. , 1952, and that death occurred at 8:40 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Charles P. Crumy		23B. ADDRESS 2722 E. Monument St	
23C. DATE SIGNED 11/9/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-13-52	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.		24D. LOCATION (City, town, or county) (State) Taylor Ave. - Balto. Md.	
25. FUNERAL DIRECTOR Huntington Williams, Inc.		ADDRESS 2435 E. Clinton	

CERTIFICATE OF DEATH

MR. JOHN H. HARRIS

212 E. Tenth St.

CHICAGO, ILL.

M. W. M.

CHICAGO, ILL.

AT THE AGE OF

62 YEARS

ON THE 10th DAY OF MAY, 1910

AT HIS RESIDENCE

CHICAGO, ILL.

AND

CHICAGO, ILL.

AND

AND

AND

AND

AND

AND

AND

CHICAGO, ILL.

CHICAGO, ILL.

CHICAGO, ILL.

CHICAGO, ILL.

- 425

2 10279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10279

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anna C. Wilkinson</i>		2. DATE OF DEATH <i>Nov. 9, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-05</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2027 North Wolfe St.</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>2027 N. Wolfe Street</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 27, 1879</i>	9. AGE (in years last birthday) <i>73</i>	If Under 1 Year Months: Days If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>August Frederick</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Murlandkamp</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Margaret C. Naumann - 2027 N. Wolfe St.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Coronary Infarction</i> DUE TO <i>Degenerative Cardio-vascular</i> <i>Renal Disease</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		(C) DUE TO	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/2</i> , 19 <i>52</i> , to <i>11/9</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>11/9</i> , 19 <i>52</i> , and that death occurred at <i>11 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>A. J. Forrester</i>		23B. ADDRESS <i>204 E. Biddle St.</i>		23C. DATE SIGNED <i>11/10/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-12-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>John C. Miller Inc.</i>		ADDRESS <i>2435 E. Chier St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>John C. Miller Inc. - 2435 E. Chier St.</i>	

MEDICAL CERTIFICATION

52570
52510280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10280
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN F. MANAK		2. DATE OF DEATH 11-9-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY Balto.			
B. FULL NAME OF HOSPITAL OR INSTITUTION MD. GEN. HOSP.		C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give township) Balto.			
C. Length of stay in Baltimore 49 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2003 E. North Ave. #13			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1-26-91	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown - retired		10B. KIND OF BUSINESS OR INDUSTRY LABORER - ODD JOBS		11. BIRTHPLACE (State or foreign country) Ill.	
13. FATHER'S NAME Frank Manak		14. MOTHER'S MAIDEN NAME Barbara Tobias		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO. 212-18-2795		17. INFORMANT ADDRESS Mrs. John F. Manak 2003 E. North Ave. #13	
18. 163X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-30, 1952 to 11-9, 1952 that I last saw the deceased alive on 11-9, 1952 and that death occurred at 8:15 Am. , from the causes and on the date stated above.					
23A. SIGNATURE H. Duckworth M.D.		23B. ADDRESS Ind. Gen. Hosp.		23C. DATE SIGNED 11-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-12 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore 6, Md		24E. STATE Md			
DATE RECEIVED BY LOCAL REGISTRAR NOV 10 1952		REGISTRAR'S SIGNATURE Huntington W. ...		25. FUNERAL DIRECTOR ADDRESS FR. CVACH & SON 900 N. CHESTER ST. 5	

97095
520010271

08-01-80

08-01-80



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10281
Registered No.

600
52 10281
BIRTH NO. *Res.*

1. NAME OF DECEASED (Type or Print) RICHARD HERMAN TRUE (TREW)		2. DATE OF DEATH November 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1707 Linden Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1707 Linden Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11/13/47
9. AGE (In years last birthday) 4		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Berkeley Springs W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HUBER OLIVER TRUE		14. MOTHER'S MAIDEN NAME DOROTHY H. CRAW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Father		ADDRESS same	

18. **340.3** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Purulent Meningitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☒ NO ☐

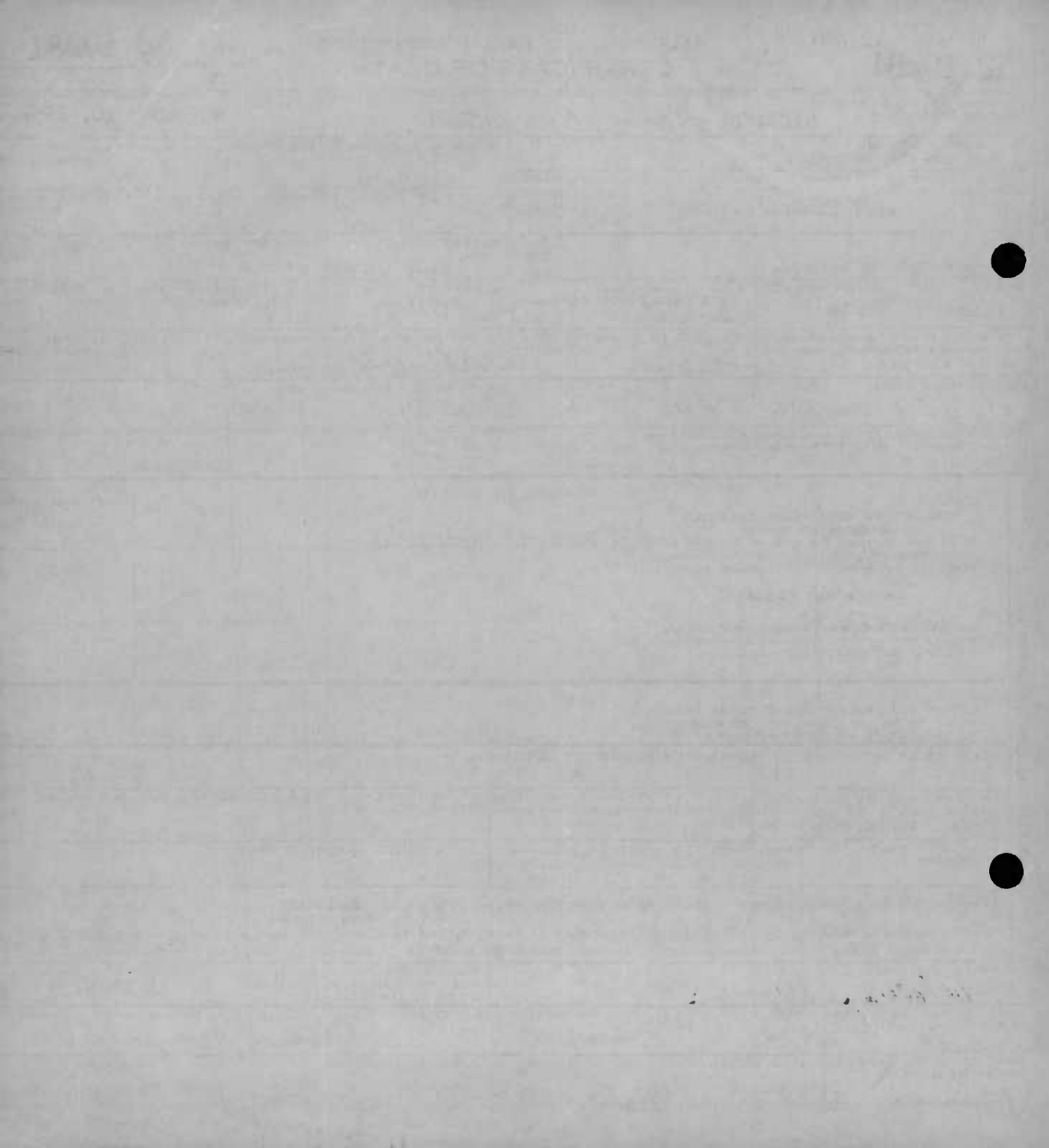
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William W. Lovett* 23B. CHIEF MEDICAL EXAMINER.....☐ 23C. DATE SIGNED **11/10/52**
M.D. ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **11/15/52** 24C. NAME OF CEMETERY OR CREMATORY **Family Plot** 24D. LOCATION (City, town, or county) (State) **Berkeley Springs W. Va.**

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE *H. C. Higinbottom, Jr.* 25. FUNERAL DIRECTOR *E. C. Higinbottom, Jr.* ADDRESS *Berkeley City, Md.*



BIRTH NO.

1. NAME OF DECEASED (Type or Print) *John Snyder* 2. DATE OF DEATH *11/10/52*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE *Maryland* B. COUNTY *Carroll*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *University Hosp* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Union Bridge*

D. STREET ADDRESS (If rural, give location) *Main St 5600* Length of stay in Baltimore Yrs. Mos. Days

5. SEX *M* 6. COLOR OR RACE *W* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *married* 8. DATE OF BIRTH *Feb 1902* 9. AGE (In years last birthday) *5-0* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Gas Salesman* 10B. KIND OF BUSINESS OR INDUSTRY *WM Anderson Co* 11. BIRTHPLACE (State or foreign country) *Carroll Co Md* 12. CITIZEN OF WHAT COUNTRY? *U.S*

13. FATHER'S NAME *John Snyder* 14. MOTHER'S MAIDEN NAME *Elsie Snyder*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *yes known* 16. SOCIAL SECURITY NO. *unknown* 17. INFORMANT *Olive Snyder* ADDRESS *Union Bridge*

18. *395-X* CAUSE OF DEATH (A) *Medullary collapse post operative shock* (B) *Miniere's syndrome* (C)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUTION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *11/10/52* 19B. MAJOR FINDINGS OF OPERATION *Rupture of 9th Cranial Nerve* 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10/19*, 19*52* to *11/10*, 19*52* that I last saw the deceased alive on *11/10*, 19*52*, and that death occurred at *5:09* m., from the causes and on the date stated above.

23A. SIGNATURE *Charles B. Blum* 23B. ADDRESS *University Hospital* 23C. DATE SIGNED *11/10/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *11/13/52* 24C. NAME OF CEMETERY OR CREMATORY *Huntington Williams, Md* 24D. LOCATION (City, town, or county) *Union Bridge, Md.*

DATE RECEIVED BY LOCAL REGISTRAR *NOV 11 1952* REGISTRAR'S SIGNATURE *Huntington Williams, Md* 25. FUNERAL DIRECTOR *D. D. Hargis & Sons* ADDRESS

VS 150 *97050 New Windsor & Union Bridge*

MEDICAL CERTIFICATION

510

2 10283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10283

1. NAME OF DECEASED (Type or Print) <i>Carolyn Demby</i>		2. DATE OF DEATH <i>Nov. 8, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Pasadena 5200</i>	
Length of stay in Baltimore <i>8</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Mt. Road</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>3</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Verdell Demby</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <i>Jessie Johnson</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>010X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Tuberculous meningitis</i> DUE TO (B) <i>Miliary tuberculosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>11/1</i> , 1952, to <i>11/8</i> , 1952, that I last saw the deceased alive on <i>11/8</i> , 1952, and that death occurred at <i>11:00 p.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>C. E. Stennett</i>	23B. ADDRESS <i>University Hospital</i>	23C. DATE SIGNED <i>11/10/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 11-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion An</i>
24D. LOCATION (City, town, or county) (State) <i>Maryland</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, 6384 Gilman St</i>	DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 11 1952</i>

19520010274

MEDICAL CERTIFICATION

155
2 10284BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10284

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ADA HELLER LOVEMAN		2. DATE OF DEATH Nov 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO MD		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY MD			
B. FULL NAME OF HOSPITAL OR INSTITUTION 6717 PARK HEIGHT AVE BALTO MD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 27-20			
C. Length of stay in Baltimore 4 YEARS		D. STREET ADDRESS (If rural, give location) 6717 PARK HEIGHT AVE			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT 5, 1880	9. AGE (in years last birthday) 72	10. Under 1 Year Months: Days Min. 2 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (State or foreign country) WINCHESTER VA	
13. FATHER'S NAME CHARLES HELLER		14. MOTHER'S MAIDEN NAME ISABELL AUSTRIAN		12. CITIZEN OF WHAT COUNTRY? US	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT CHARLES LOVEMAN 6717	
18. 420.0 and 153X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 min	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arteriosclerosis Mt. Dis		10 yrs?	
		DUE TO			
		(C) arteriosclerosis		20 yrs?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Carcinoma of colon & metastases		4 yrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 4, 1950 , to November 9, 1952 , that I last saw the deceased alive on November 9, 1952 , and that death occurred at 62.1 m. , from the causes and on the date stated above.					
23A. SIGNATURE Loceasth Cohen		23B. ADDRESS 6707 Park Heights Ave		23C. DATE SIGNED 11/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 10/11/52		24C. NAME OF CEMETERY OR CREMATORY BALTO HEBREW CEMETERY - BELAIR RD	
24D. LOCATION (City, town, or county) (State) BALTO MD		25. FUNERAL DIRECTOR David R. Martin		ADDRESS 1902 Eastern Ave	

MEDICAL CERTIFICATION

1 9 572 0 1 0 2 7 5

UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

1961-1962

1961

1. Name of patient: [illegible]
2. Date of birth: [illegible]
3. Sex: [illegible]
4. Race: [illegible]
5. Address: [illegible]
6. City: [illegible]
7. State: [illegible]
8. Zip: [illegible]
9. Date of admission: [illegible]
10. Date of discharge: [illegible]
11. Date of death: [illegible]
12. Cause of death: [illegible]
13. Place of death: [illegible]
14. Date of autopsy: [illegible]
15. Name of pathologist: [illegible]
16. Name of attending physician: [illegible]
17. Name of hospital: [illegible]
18. Name of clinic: [illegible]
19. Name of laboratory: [illegible]
20. Name of investigator: [illegible]
21. Name of sponsor: [illegible]
22. Name of funding agency: [illegible]
23. Name of grant number: [illegible]
24. Name of project: [illegible]
25. Name of study: [illegible]
26. Name of protocol: [illegible]
27. Name of consent form: [illegible]
28. Name of informed consent: [illegible]
29. Name of ethical review: [illegible]
30. Name of institutional review: [illegible]
31. Name of human subjects: [illegible]
32. Name of research: [illegible]
33. Name of data: [illegible]
34. Name of results: [illegible]
35. Name of conclusions: [illegible]
36. Name of recommendations: [illegible]
37. Name of findings: [illegible]
38. Name of observations: [illegible]
39. Name of measurements: [illegible]
40. Name of calculations: [illegible]
41. Name of analyses: [illegible]
42. Name of interpretations: [illegible]
43. Name of discussions: [illegible]
44. Name of summaries: [illegible]
45. Name of reports: [illegible]
46. Name of publications: [illegible]
47. Name of presentations: [illegible]
48. Name of communications: [illegible]
49. Name of interactions: [illegible]
50. Name of collaborations: [illegible]
51. Name of partnerships: [illegible]
52. Name of networks: [illegible]
53. Name of communities: [illegible]
54. Name of societies: [illegible]
55. Name of associations: [illegible]
56. Name of organizations: [illegible]
57. Name of institutions: [illegible]
58. Name of agencies: [illegible]
59. Name of departments: [illegible]
60. Name of divisions: [illegible]
61. Name of offices: [illegible]
62. Name of units: [illegible]
63. Name of groups: [illegible]
64. Name of teams: [illegible]
65. Name of committees: [illegible]
66. Name of boards: [illegible]
67. Name of councils: [illegible]
68. Name of commissions: [illegible]
69. Name of committees: [illegible]
70. Name of boards: [illegible]
71. Name of councils: [illegible]
72. Name of commissions: [illegible]
73. Name of committees: [illegible]
74. Name of boards: [illegible]
75. Name of councils: [illegible]
76. Name of commissions: [illegible]
77. Name of committees: [illegible]
78. Name of boards: [illegible]
79. Name of councils: [illegible]
80. Name of commissions: [illegible]
81. Name of committees: [illegible]
82. Name of boards: [illegible]
83. Name of councils: [illegible]
84. Name of commissions: [illegible]
85. Name of committees: [illegible]
86. Name of boards: [illegible]
87. Name of councils: [illegible]
88. Name of commissions: [illegible]
89. Name of committees: [illegible]
90. Name of boards: [illegible]
91. Name of councils: [illegible]
92. Name of commissions: [illegible]
93. Name of committees: [illegible]
94. Name of boards: [illegible]
95. Name of councils: [illegible]
96. Name of commissions: [illegible]
97. Name of committees: [illegible]
98. Name of boards: [illegible]
99. Name of councils: [illegible]
100. Name of commissions: [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10285**

1. NAME OF DECEASED (Type or Print) JOHN W WEIDENHAMER		2. DATE OF DEATH NOV 8, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTO MD		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD b. COUNTY WILMONT COURT	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION TWILIGHT NURSING 1913 BUTAW PLACE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO MD 10-00	
d. STREET ADDRESS (If rural, give location) 1039 WILMONT COURT			
5. SEX MALE		8. DATE OF BIRTH 4/3/1887	
6. COLOR OR RACE WHITE		9. AGE (In years last birthday) 65	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PENSION	
11. BIRTH PLACE (State or foreign country) BALTO MD		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME EDWARD C. WEIDENHAMER		14. MOTHER'S MAIDEN NAME ? NICHLAS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 1039 WILMONT COURT	
17. INFORMANT ELIZABETH WEIDENHAMER			
18. 345X CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
(A) Multiple sclerosis		Sev. years.	
DUE TO			
(B)			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan , 1951, to Nov 8 , 1952, that I last saw the deceased alive on Nov. 6 , 1952, and that death occurred at 3:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE E. Ellsworth		23B. ADDRESS 2431 Maryland Ave	
23C. DATE SIGNED 11-10-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/11/52	
24C. NAME OF CEMETERY OR CREMATORY LOUDEN PARK CEMETERY		24D. LOCATION (City, town, or county) FREDERICK RD	
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1952		25. FUNERAL DIRECTOR Daniel R. Martin ADDRESS 1902 Entaw place	

25 10-82

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1-1-82

WILLIAM W. WHEAT

10-1-82

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646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10286

52 10286

1. NAME OF DECEASED
(Type or Print)

Jacob Bierler

2. DATE
OF
DEATH

Nov - 10 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Bldg.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3815 Park Heights Ave

C. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-15-80

9. AGE (In years last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

Inspector

10B. KIND OF BUSINESS OR INDUSTRY

Bakery - Grocer

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF

USA

13. FATHER'S NAME

Harry Bierler

14. MOTHER'S MAIDEN NAME

Eva

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST,

(B) DUE TO

Arteriosclerotic Heart Disease

(C)

INTERVAL BETWEEN
ONSET AND DEATHapprox.
12 days

Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial asthma

about
30 years

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-52 to 11-10-52, that I last saw the deceased alive on 11-10-52 and that death occurred at 9:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Higgins

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov 11/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Burial Society

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Livemona Bros W North Ave

ADDRESS 1126

19529044 0237

MEDICAL CERTIFICATION

514
52 10287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10287
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Thomas Kenable		11-8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
541 Prestman St		Balto 14-03	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
30 years		541 Prestman St	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
m	e	m	June 13, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday)	
none		72	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
?		Va	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
		U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT		ADDRESS	
Viola Adams		541 Prestman St	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) Hypertensive Crisis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Vascular Renal	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-5, 1952, to 11-8, 1952, that I last saw the deceased alive on 11-7, 1952, and that death occurred at 5A m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
W. B. Butler		2033 East Side	
M. D.		23C. DATE SIGNED	
		11/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		11-12-52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Mt Auburn		md	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
NOV 11 1952		Huntington Williams, M. D., Geo. S. Nelson	
REGISTRAR'S SIGNATURE		ADDRESS	
		1303 Prestman St	

MEDICAL CERTIFICATION

100-100000

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness	
16. Signature of witness		17. Signature of witness		18. Signature of witness	
19. Signature of witness		20. Signature of witness		21. Signature of witness	
22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness	
28. Signature of witness		29. Signature of witness		30. Signature of witness	
31. Signature of witness		32. Signature of witness		33. Signature of witness	
34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness	
40. Signature of witness		41. Signature of witness		42. Signature of witness	
43. Signature of witness		44. Signature of witness		45. Signature of witness	
46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness	
52. Signature of witness		53. Signature of witness		54. Signature of witness	
55. Signature of witness		56. Signature of witness		57. Signature of witness	
58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness	
64. Signature of witness		65. Signature of witness		66. Signature of witness	
67. Signature of witness		68. Signature of witness		69. Signature of witness	
70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness	
76. Signature of witness		77. Signature of witness		78. Signature of witness	
79. Signature of witness		80. Signature of witness		81. Signature of witness	
82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness	
88. Signature of witness		89. Signature of witness		90. Signature of witness	
91. Signature of witness		92. Signature of witness		93. Signature of witness	
94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness	
100. Signature of witness		101. Signature of witness		102. Signature of witness	

623
52 10288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10288
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELMORE P. WRIGHT			2. DATE OF DEATH November 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Church Home and Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1428 Linden Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 18, 1884	9. AGE (In years last birthday) 68	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Park Attendant			10B. KIND OF BUSINESS OR INDUSTRY Baltimore City		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Robert Wright		
14. MOTHER'S MAIDEN NAME Emily Fochell			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. none			17. INFORMANT ADDRESS Ralph E. Wright, Carroll Road, Riviera B.		
18. 600.0 and E903.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pyelonephritis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic cystitis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (1) Myocardial degeneration (2) Intertrochanteric Fracture - left femur					INTERVAL BETWEEN ONSET AND DEATH ? ? ? 7 da.
19A. DATE OF OPERATION 11/10/52			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1428 Linden Avenue		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY November 3, 1952			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
21F. HOW DID INJURY OCCUR? Fell in Bath room			22. I hereby certify that I attended the deceased from 11/7 , 19 52 , to 11/10 , 19 52 , that I last saw the deceased alive on 11/10 , 19 52 , and that death occurred at 6 A.m. , from the causes and on the date stated above.		
23A. SIGNATURE Arthur J. Woodward			23B. ADDRESS Church Home & Hospital		
23C. DATE SIGNED 11/10/52			24A. BURIAL, CREMATION, REMOVAL (Specify) burial		
24B. DATE 11/12/52			24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery		
24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland			25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 1517 Km. Galt. Inc. 1217 St. Paul St.		

MEDICAL CERTIFICATION

CERTIFICATION APPROVED BY
R. E. Wright
CHIEF OR ASST. MEDICAL EXAMINER

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150 2

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420
52 10289BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10289
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Katherine Walas</i>		2. DATE OF DEATH <i>Nov 8 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5719 Loch Raven Blvd.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-38</i>	
D. STREET ADDRESS (If rural, give location) <i>5719 Loch Raven Blvd.</i>		E. LENGTH OF STAY IN BALTIMORE <i>62</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>April 28 1870</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>82</i>
13. FATHER'S NAME <i>Adam Wojcik</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME <i>Jadwiga Pytel</i>		17. INFORMANT <i>Mrs Agnes E. Koch</i>	
18. <i>42211</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Heart block</i>		CAUSE OF DEATH <i>Heart block</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arrhythmias fibrillation</i> <i>Cerebral + generalized arteriosclerosis</i> <i>Chronic cardiovascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>48 hr</i> <i>7 days +</i> <i>Several yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 4</i> 19 <i>52</i> , to <i>Nov. 8</i> 19 <i>52</i> , that I last saw the deceased alive on <i>Nov. 8</i> 19 <i>52</i> and that death occurred at <i>9:40 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Les Schuler</i>		23B. ADDRESS <i>6001 Loch Raven Blvd</i>	
23C. DATE SIGNED <i>11/11/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 12 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St Stanislaus Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Dundalk Ave Balto Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>John J. Hudar Inc</i>		ADDRESS <i>2829 Hudson Street</i>	

MEDICAL CERTIFICATION

35 1133

CENTRICAL OF DEATH

12 1133



235
52 10290

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10290
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Alexander BASTIANELLI OR BASTINELLI.		2. DATE OF DEATH November 9 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 248 S. Exeter St.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 46 Yrs.		D. STREET ADDRESS (If rural, give location) 248 S. Exeter St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 28 1887	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days 10 12
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Paving		10B. KIND OF BUSINESS OR INDUSTRY Balt. Tra. Co.		11. BIRTHPLACE (State or foreign country) Bordou France	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Bernardo Bastianelli		14. MOTHER'S MAIDEN NAME Anna Cimino	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 213-05-9343		17. INFORMANT ADDRESS Anthony J. Bastianelli 248 S. Exeter	
18. 143X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic carcinoma DUE TO carcinoma of the floor of the mouth INTERVAL BETWEEN ONSET AND DEATH Sept, 1951 Feb., 1950		CAUSE OF DEATH (A) Metastatic carcinoma (B) carcinoma of the floor of the mouth (C)			
19. DATE OF OPERATION June 9, 1952		19B. MAJOR FINDINGS OF OPERATION Metastatic epidermoid carcinoma			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb, 1950 , 19__, to Nov. 9, 1952 , that I last saw the deceased alive on 10/20/52 and that death occurred at 5:50 am from the causes and on the date stated above.					
23A. SIGNATURE H. C. Pillsbury		23B. ADDRESS 31 E. North Avenue		23C. DATE SIGNED 11/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 12/52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24D. LOCATION (City, town, or county) (State) German Hill Rd. Balt. Md					
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1952		REGISTRAR'S SIGNATURE Huntington Williams		F. FUNERAL DIRECTOR ADDRESS 322 S. High St.	

MEDICAL CERTIFICATION

1952900520281

1. The purpose of this document is to provide a summary of the information contained in the report.

2. The information is presented in a clear and concise manner, and is intended to be used as a reference.

3. The information is presented in a clear and concise manner, and is intended to be used as a reference.

4. The information is presented in a clear and concise manner, and is intended to be used as a reference.

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29. The information is presented in a clear and concise manner, and is intended to be used as a reference.

30. The information is presented in a clear and concise manner, and is intended to be used as a reference.

535

10291

BIRTH NO

10291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No

52 10291

1. NAME OF DECEASED (Type or Print)

BESSIE ANTHONY

2. DATE OF DEATH

11-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

FRANKLIN SQ. Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

341 EOSTAD RD

5. SEX

f

6. COLOR OR RACE

w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 17, 1890

9. AGE (In years last birthday)

62

10. Under 1 Year Months

22

11. Under 24 Hours Days

22

12. Under 24 Hours Min.

22

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

MARTIN HUGHES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

BESSIE SIMON

17. INFORMANT

HOSP. CHART

ADDRESS

18. 443X

1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) SUB-ARACHNOID HEMORRHAGE

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE C-U. DISEASE

DUE TO

(C) GEN. ARTERIOSCLEROSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐

NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK

NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1952, to 11-8, 1952, that I last saw the deceased alive on 11-8, 1952, and that death occurred at 4 AM, from the causes and on the date stated above.

23A. SIGNATURE

B. Sinclair

M. D.

23B. ADDRESS

Franklin Sq. Hosp

23C. DATE SIGNED

11-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Funeral

11/11/52

Lorraine Park

Woodlawn

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 11 1952

Huntington Williams, M.D.

W. B. Whippert & Son

1300 E. E. Ave.

VS 150

19520010202

535

10291

BIRTH NO

10291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No

52 10291

1. NAME OF DECEASED (Type or Print)

BESSIE ANTHONY

2. DATE OF DEATH

11-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

FRANKLIN SQ. Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

341 EOSTAD RD

5. SEX

f

6. COLOR OR RACE

w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 17, 1890

9. AGE (In years last birthday)

62

10. Under 1 Year Months

22

11. Under 24 Hours Days

22

12. Under 24 Hours Min.

22

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

MARTIN HUGHES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

BESSIE SIMON

17. INFORMANT

HOSP. CHART

ADDRESS

18. 443X

1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) SUB-ARACHNOID HEMORRHAGE

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE C-U. DISEASE

DUE TO

(C) GEN. ARTERIOSCLEROSIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐

NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK

NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1952, to 11-8, 1952, that I last saw the deceased alive on 11-8, 1952, and that death occurred at 4 AM, from the causes and on the date stated above.

23A. SIGNATURE

B. Sinclair

M. D.

23B. ADDRESS

Franklin Sq. Hosp

23C. DATE SIGNED

11-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Funeral

11/11/52

Lorraine Park

Woodlawn

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 11 1952

Huntington Williams, M.D.

W. B. Whippert & Son

1300 E. E. Ave.

VS 150

19520010202

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10292**

1. NAME OF DECEASED
(Type or Print)

James H Graham

2. DATE OF DEATH

Nov 9 - 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

10. N. Pulaski St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. 70-02

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)
10 N. Pulaski St

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 13 - 1863

9. AGE (In years; last birthday)

89

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman Candy

10B. KIND OF BUSINESS OR INDUSTRY

Manning Co

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John. Graham

14. MOTHER'S MAIDEN NAME

Mary McLaughlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr John. Graham 10. N. Pulaski St

18. 422.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

1 da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

(C)

Coronary Arteriosclerosis

1 1/2

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/9*, 19*52*, to *11/9*, 19*52*; that I last saw the deceased alive on *11/9*, 19*52*, and that death occurred at *6:30* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/13/52

New. Cathedral C.

Balto

md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 11 1952

Huntington Williams, M.D.

Lassalve Funeral Home 7401 Belair Rd

MEDICAL CERTIFICATION

679 Washington B

Went to the
University of
Washington

Went to the
University of
Washington

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10293
Registered No. _____

400
52 10293
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Miss Margaret Jolly			2. DATE OF DEATH 11/9/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. (6) 27-05		
D. STREET ADDRESS (If rural, give location) 6316 Everall Ave.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/13/90		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical worker and Casualty Co			11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Jolly			14. MOTHER'S MAIDEN NAME Mary Harryman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 212-10-3348		
17. INFORMANT Mr W E G Jolly			ADDRESS 414 North Bond Rd		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Arterio Sclerotic -		INTERVAL BETWEEN ONSET AND DEATH 5 YRS
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio Vascular Disease		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/4 , 19 52 , to 11/9 , 19 52 , that I last saw the deceased alive on 11/9 , 19 52 , and that death occurred at 8:22 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William G. Pieebury		23B. ADDRESS M.D. Bon Secours Hosp.		23C. DATE SIGNED 11/9/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/12/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cen	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Huntington Williams, 142 Lassahn Funeral Home 7401 Belair Rd			

252
52 10294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10294

1. NAME OF DECEASED (Type or Print) <i>Mr John F WAGENHAUSER</i>			2. DATE OF DEATH <i>11-9-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dundalk (22) 5350</i>		
6. Length of stay in Baltimore <i>25</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>6753 Woodley Avenue</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-20-80</i>		9. AGE (in years last birthday) <i>72</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>STEEL MFG. CO.</i>		11. BIRTHPLACE (State or foreign country) <i>Penn.</i>
13. FATHER'S NAME <i>JAMES WAGENHAUS</i>			14. MOTHER'S MAIDEN NAME <i>Jenny Hossler</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>213-07-1661</i>		
17. INFORMANT <i>Mrs M. Wright</i>			ADDRESS <i>6732 Woodley Rd.</i>		

18. <i>420.0 and 027x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Emphysema - Tertiary Luos</i>		CAUSE OF DEATH (A) <i>Atherosclerotic Heart Disease</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>20 yrs.</i>
--	--	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *10-30* 1952, to *11-9*, 1952, that I last saw the deceased alive on *11-9*, 1952, and that death occurred at *5:30* pm., from the causes and on the date stated above.

23A. SIGNATURE <i>Jack C Collins</i>	23B. ADDRESS <i>Church Home & Hospital</i>	23C. DATE SIGNED <i>11-9</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>11-12-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>WEADON RIDGE</i>
24D. LOCATION (City, town, or county) (State) <i>HOWARD CO M.D.</i>	25. FUNERAL DIRECTOR <i>Howard Co M.D.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 11 1952</i>		
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		
VS 150		

MEDICAL CERTIFICATION

1 9 56 2 034 1 0 2 0 5

CERTIFICATE OF DEATH

25-108045

NAME OF DECEASED		DATE OF DEATH	
SEX		AGE	
PLACE OF BIRTH		DATE OF BIRTH	
OCCUPATION		CAUSE OF DEATH	
MANNER OF DEATH		SIGNATURE OF REGISTRAR	
SIGNATURE OF NEXT OF KIN		SIGNATURE OF WITNESSES	
SIGNATURE OF PRIEST		SIGNATURE OF MINISTER	
SIGNATURE OF CHURCH		SIGNATURE OF PARISH	
SIGNATURE OF TOWN		SIGNATURE OF COUNTY	
SIGNATURE OF STATE		SIGNATURE OF UNION	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10295

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM JAMES

WRIGHT

2. DATE
OF
DEATH

November 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF ^{If not in hospital or institution, give street address or location}
HOSPITAL OR
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4909 Litchfield Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 3, 1870

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cooperage

10B. KIND OF BUSINESS OR
INDUSTRY

Barrel (Owner)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Wright

14. MOTHER'S MAIDEN NAME

Mary Christie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Leola M. Jones-4909 Litchfield Ave.

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull Fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
(If in Baltimore City, give exact location)
INJURY OCCUR?

2800 block Gwynn's Falls Parkway

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11/9/52 6:35 P.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

pedestrian struck by automobile

15/37

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
11/10/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/13/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Fickner & Sons

ADDRESS

Barto 17, Md

[Faint handwritten notes at the bottom of the page]

400

52 10296

CERTIFICATE CORRECTED

11-18-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10296

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM JENNINGS RILEY

2. DATE OF DEATH
Nov. 9, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION
536 Radnor Ave.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
536 Radnor Ave.

8. Length of stay in Baltimore
Yrs.
Mos.
Days

9. SEX
male

10. COLOR OR RACE
white

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

12. DATE OF BIRTH
Feb. 10, 1897

13. AGE (in years last birthday)
55

14. If Under 1 Year
Months: Days: Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Freight Checker

16. KIND OF BUSINESS OR INDUSTRY
Transfer Co.-freight

17. BIRTHPLACE (State or foreign country)
Maryland

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME
Charles H. Riley

20. MOTHER'S MAIDEN NAME
Cora Heaps

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
no

22. SOCIAL SECURITY NO.

23. INFORMANT
Mrs. Annie V. Riley - 536 Radnor Ave.

24. ADDRESS

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Acute Coronary Thrombosis

27. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Congestive heart failure

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Carcinoma of lung

29. INTERVAL BETWEEN ONSET AND DEATH
2 hrs.
3 weeks
5/5/52
(5/5/52)

30. MEDICAL CERTIFICATION

31. 19A. DATE OF OPERATION

32. 19B. MAJOR FINDINGS OF OPERATION

33. 20. AUTOPSY?
YES ☐ NO ☐

34. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

35. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

36. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. 21D. TIME (Month) (Day) (Year) (Hour) INJURY

38. 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

39. 21F. HOW DID INJURY OCCUR?

40. 22. I hereby certify that I attended the deceased from 5/5, 1952, to 11/9, 1952, that I last saw the deceased alive on (5/5) (1952), and that death occurred at 9:10 p.m., from the causes and on the date stated above.

41. 23A. SIGNATURE
Horton Hoffman

42. 23B. ADDRESS
846 W. 36th St

43. 23C. DATE SIGNED
11-11-52

44. 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

45. 24B. DATE
11/12/52

46. 24C. NAME OF CEMETERY OR CREMATORY
Moreland Memorial Park

47. 24D. LOCATION (City, town, or county) (State)
Balto. Co., Md.

48. DATE RECEIVED BY LOCAL REGISTRAR
NOV 11 1952

49. REGISTRAR'S SIGNATURE
Huntington Williams, Jr.

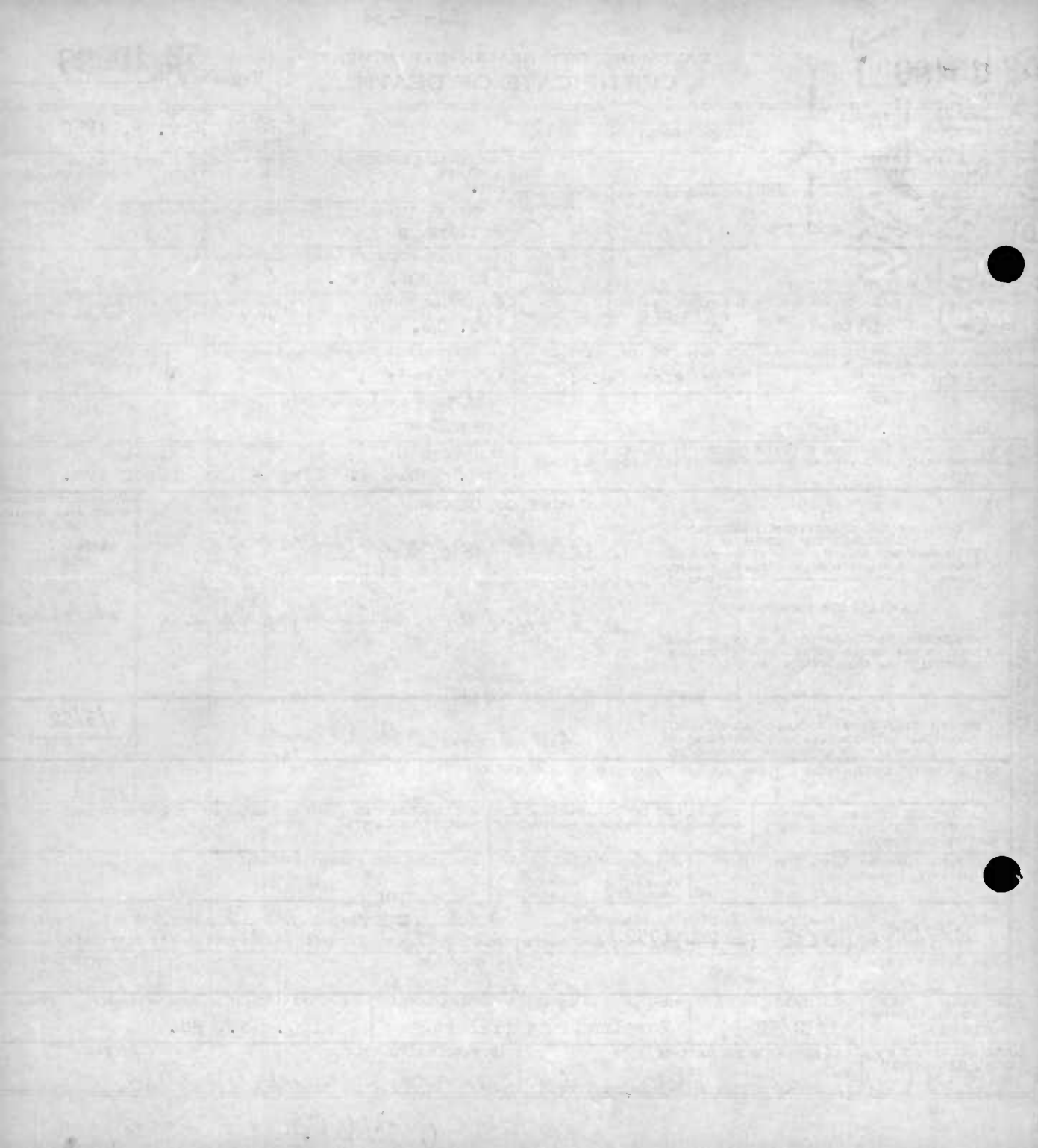
50. FUNERAL DIRECTOR
Wm. J. Pickner & Sons

51. ADDRESS

52. 539052

53. 02 Balto. 17, Md.

VS 150



400
52 10297

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10297

1. NAME OF DECEASED (Type or Print) MADELINE KOLB COLE (MRS. RICHARD D.)			2. DATE OF DEATH NOV. 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON 4 5355		
D. STREET ADDRESS (If rural, give location) 615 LAKE DRIVE					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 21, 1900	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME HENRY KOLB			14. MOTHER'S MAIDEN NAME MARY MARSHALL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT MR. R. D. COLE (HUSBAND)			ADDRESS SAME		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCT. 30, 1952 , to NOV. 9, 1952 , that I last saw the deceased alive on NOV. 9, 1952 , and that death occurred at 7:20 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. Dugan		23B. ADDRESS UNION MEMORIAL HOSP		23C. DATE SIGNED 11/9/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/12/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) Pikesville, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Wm. J. Pickner & Sons		24H. ADDRESS Baeto 17, Md.		VS 150	

425
52 10298BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10298

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SR. M. ISABEL GLEASON R.S.M.

2. DATE
OF
DEATH

11/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSP.

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAY 11, 1894

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RELIGIOUS

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JAMES GLEASON

14. MOTHER'S MAIDEN NAME

LAURA STONE BRAKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bilat. Bronchopneumonia
& pleural effusions

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)A. B. W. D. Congestive failure
R. C. V. H.INTERVAL BETWEEN
ONSET AND DEATH

6 weeks

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arterio sclerotic heart Dis. with heart failure

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1952, to 11/10, 1952, that I last saw the deceased alive on 11/10, 1952, and that death occurred at 9:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

R. H. Twining

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/12/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. St. Agnes Convent Cemetery

24D. LOCATION (City, town, or county)

Mt. Washington, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 11 1952

Huntington Williams, M.D. W. W. Wears & Son 805 N. Calvert Street

VS 150

1952 278FW 0289

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10299

Registered No. _____

52 10299

1. NAME OF DECEASED (Type or Print) <i>James J. Clarke</i>		2. DATE OF DEATH <i>11-10-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Doctors Hosp.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Balto. Md.</i> B. COUNTY <i>01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2724 N. Charles St</i> <i>1 Hosp. - Doctors Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md.</i>	
C. Length of stay in Baltimore <i>61 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>206 Warren Ave</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>6/24/1879</i>
			9. AGE (in years last birthday) <i>73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chipper + Corker</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Beth. Steel</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13. FATHER'S NAME <i>John Clarke</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Higgins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>215-01-3168</i>	
		17. INFORMANT <i>niece</i> ADDRESS <i>Mrs Margaret Lewis 206 Warren Ave</i>	
18. <i>420.0 and E900.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>auricular fibrillation</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>① acute alcoholism</i> <i>② Fracture of left 3-4-5-6 ribs 9 days</i>			
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION <i>0</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>206 Warren Ave.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>11-1-52 10 P. M.</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>missed step on 2nd floor and fell on cedar chest in hall. Found by niece</i>	
22. I hereby certify that I attended the deceased from <i>11/2</i> , 19 <i>52</i> to <i>11/10</i> , 19 <i>52</i> that I last saw the deceased alive on <i>11/10</i> , 19 <i>52</i> and that death occurred at <i>8:10 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Vincent M Messina</i>		23B. ADDRESS <i>1403 S. Charles St</i>	23C. DATE SIGNED <i>11/10/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/13/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>old Annapolis Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 11 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams Jr.</i>	25. FUNERAL DIRECTOR <i>John J. Fisher Sons</i> ADDRESS <i>1318 Light St.</i>	

MEDICAL CERTIFICATION

N 807.0

1 2 5 2 0 5 5 3 0

02-13

STATIONER & PRINTER
1000 N. 10TH ST. S.W.
MINNAPOLIS, MINN.

02-13

352
52 10300BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10300
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN L. STENQUIST			2. DATE OF DEATH Nov. 8, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2 Millbrook Rd.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 4800 Wilmslow Rd.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 9, 1885	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Director of Research			10b. KIND OF BUSINESS OR INDUSTRY Balto. City Bd. of Education		11. BIRTHPLACE (State or foreign country) N. D.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Harriett Stenquist			ADDRESS 4800 Wilmslow Rd.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION	CAUSE OF DEATH (A) DUE TO CORONARY OCCLUSION (B) DUE TO ARTERIOSCLEROSIS (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 hour. 10 years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		

19A. DATE OF OPERATION NONE	19B. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) —	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7:30 PM, 1943, to Nov 8, 1952, that I last saw the deceased alive on Oct 5, 1952, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE H. Chaffaux M. D. 23B. ADDRESS 6210 YORK ROAD 23C. DATE SIGNED Nov. 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/11/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
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DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR J. V. Tickener & Sons	ADDRESS
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220
52 10301BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10301

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara Pazayony - Sister Veronica

2. DATE
OF
DEATH

Nov. 9 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Villa St Michael

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md. 5200

D. STREET ADDRESS (If rural, give location)

4000 - Forest Hill Road

C. Length of stay in Baltimore

6

Yrs.
Mos.
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 25 - 1874 78 yrs.

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sister of Charity

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Caucasia - La.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Clair Pazayony

14. MOTHER'S MAIDEN NAME

Adelaide Sampson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Sister Mary Louth - Villa St. Michael

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cardio Vascular Collapse 2 Weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio sclerosis with myocarditis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952 to Nov 10, 1952, that I last saw the deceased alive on 11/10, 1952 and that death occurred at 9:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

D. P. Alagia

23B. ADDRESS

M. D.

3326 Furber St

23C. DATE SIGNED

11/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's Cemetery

24D. LOCATION (City, town, or county)

Emmitsburg - Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Steward Moulton Co.

ADDRESS

108 W. North Ave.

NOV 11 1952

City - 1

1001 1001

1001 1001

1001 1001



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10302**

400
52 10302

1. NAME OF DECEASED (Type or Print) Isabelle T. Doyle		2. DATE OF DEATH Nov. 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 10 E. 33rd St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 10 E. 33rd St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 1, 1859
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		9. AGE (In years last birthday) 93	
10B. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James O'Neill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ---		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Mrs Clarence Wolf		ADDRESS 10 E. 33rd St.	
18. 434.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Similar DUE TO Angina pectoris		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1952 , to Nov 10, 1952 , that I last saw the deceased alive on Nov 8, 1952 , and that death occurred at 9 m., from the causes and on the date stated above.			
23A. SIGNATURE Not Emley		23B. ADDRESS 2536 E. Balto St.	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/12/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Balto. St.	

MEDICAL CERTIFICATION

19520010293

30041 32

STANDARD 1.65

30041 32



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 19303
Registered No.

240
52 19303

1. NAME OF DECEASED (Type or Print) JOSEPH MICHAEL		2. DATE OF DEATH November 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1763 Homestead Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10B. KIND OF BUSINESS OR INDUSTRY W.M. RR.	9. AGE (In years last birthday) 51 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Michael McHale		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -	
14. MOTHER'S MAIDEN NAME Margaret Roddy		17. INFORMANT ADDRESS Mrs. B. Kosyjana-134 Murdock Rd.	

18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive Cardiovascular Disease DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 11/10/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-12-52	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	24D. LOCATION (City, town, or county) (State) City
DATE RECEIVED BY LOCAL REGISTRAR NOV 11 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Wiedefeld & Son</i> ADDRESS	

MEDICAL CERTIFICATION

No. 9154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10304

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELENOR ROYSTON

2. DATE
OF
DEATH Nov. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2666 W. Franklin St.

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 5, 1902

9. AGE (In years
last birthday)

49

10. Under 1 Year
Months; Days11. Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William R. Foote

14. MOTHER'S MAIDEN NAME

Grace Chase

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4200

Mrs Hattie Johnson Evans Chapel Rd

18. 330X and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Massive subarachnoid hemorrhage

DUE TO Rupture of congenital aneurysm of
circle of Willis with secondary
infarction, left occipital lobe

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐ Nov. 7, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-12-52

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Rest Cem

24D. LOCATION (City, town, or county)

Towson,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Frances K. Hensley

ADDRESS 57800

10001 52.0

10001 52.0

10001 52.0

10001 52.0

10001 52.0



435
52 10305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10305

1. NAME OF DECEASED (Type or Print) <i>Philip Clayton</i>		2. DATE OF DEATH <i>11/11/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Severna Park</i>	
5. SEX <i>Male</i>		D. STREET ADDRESS (If rural, give location) <i>Truck House Rd.</i>	
6. COLOR OR RACE <i>White</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH	
9. AGE (In years last birthday) <i>73</i>		10. UNDER 1 Year Months Days	
11. BIRTHPLACE (State or foreign country) <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Geo B. Woolfe</i>		ADDRESS <i>Annapolis Md</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebral Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive cardiovascular disease</i> <i>Arteriosclerosis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11/7/52</i> , 19__, to <i>11/11/52</i> , 19__, that I last saw the deceased alive on <i>11/11/52</i> , 19__, and that death occurred at <i>1:05 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. W. Conway</i>		23B. ADDRESS <i>South Baltimore Genl Hosp</i>	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 13/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Annapolis</i>		24D. LOCATION (City, town, or county) (State) <i>Annapolis Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>	
25. FUNERAL DIRECTOR <i>B L Happpings</i>		ADDRESS <i>Annapolis Md</i>	

452
52 10306BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10306
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MOSES SOLMSON

2. DATE
OF
DEATH

11/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4200 SPRINGDALE AVE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

4200 SPRINGDALE AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO MD

D. STREET ADDRESS (If rural, give location)

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 19, 1868

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days

4 21

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SCREEN DOOR MANUFACTURE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

CHARLOTTEVILLE VA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

HERMAN MOSES

14. MOTHER'S MAIDEN NAME

HANNAH GUHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

SYDNEY SOLMSON 4200 SPRING

ADDRESS DALE AVE

18. 420.0 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic heart disease

15 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized arteriosclerosis

20 years

(C) DUE TO

Diabetes Mellitus

20 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1949, to Nov. 10, 1952, that I last saw the deceased alive on Nov. 10, 1952, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11/12/52

HEBREW FRIENDSHIP

BALTO ST

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1952

Huntington Williams, M.D.

Donald R. Masten 1902 E. Howard Place

VS 150

52 10306

STATE OF MASSACHUSETTS
CERTIFICATE OF DEATH

DECEASED
GALT

UNDECEASED

DECEASED
GALT

UNDECEASED

DECEASED

UNDECEASED

DECEASED

UNDECEASED

DECEASED

UNDECEASED

DECEASED

UNDECEASED

DECEASED

UNDECEASED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 10307**

BIRTH NO. **243**

1. NAME OF DECEASED
(Type or Print) **Stanley Jusla**

2. DATE OF DEATH **11-9-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **MARYLAND** B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION **South Baltimore Gen Hosp.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

5. SEX **MALE**

6. COLOR OR RACE **white**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
DIVORCED

8. DATE OF BIRTH

9. AGE (In years last birthday) **67**
If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
TAILOR

10B. KIND OF BUSINESS OR INDUSTRY
MEN'S SUITS

11. BIRTHPLACE (State or foreign country)
LITHUANIA

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
UNKNOWN

14. MOTHER'S MAIDEN NAME
UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO NONE

16. SOCIAL SECURITY NO. **213-10-3255**

17. INFORMANT ADDRESS
J. L. LITIS 3314 GILMAN TERRACE

18. **465X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary Embolus**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE
William V. Smith

23B. CHIEF MEDICAL EXAMINER.....☐ 23C. DATE SIGNED **11-9-52**
M.D. ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE **Nov. 12, 1952**

24C. NAME OF CEMETERY OR CREMATORY **HOLY CROSS**

24D. LOCATION (City, town, or county) (State)
Anne Arundel County, Md

DATE RECEIVED BY LOCAL REGISTRAR
NOV 12 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. L. Schwab 2101 Frederick Ave.

11-1-22

11-1-22

11-1-22

Charles D. ...

...

...

x

...

x

11-1-22

...

60
25-164555
52 10308BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10308
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Albertie Escher			2. DATE OF DEATH Nov. 10-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1817 Ramsey St. zone 23					
5. SEX F			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Jan. 25-1887		
9. AGE (In years last birthday) 65			10. Under 1 Year Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Domestic		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Henry Doll (Dall)			14. MOTHER'S MAIDEN NAME Elizabeth Doering		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			ADDRESS		
18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Advanced Carcinoma of Cervix Uteri DUE TO (A) lyr. (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 10-30- , 19 52 to 11-10- , 19 52 , that I last saw the deceased alive on 11-10- , 19 52 , and that death occurred at 7.15PM from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams			23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore Md.		
23C. DATE SIGNED 11-10-1952					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24B. DATE Nov. 15, 1952		
24C. NAME OF CEMETERY OR CREMATORY Louisa Park			24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
25. FUNERAL DIRECTOR Geo. L. Schwab			ADDRESS 3101 Frederick Ave.		

VS 150

720FA

240
52 10309BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10309

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID MICHAEL

2. DATE
OF
DEATH

11-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

GEORGIA

B. COUNTY

V-09

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

ATHENS

D. STREET ADDRESS (If rural, give location)

Rumter #4

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-11-97

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MERCHANT

10B. KIND OF BUSINESS OR
INDUSTRY

DEPT. STORE

11. BIRTHPLACE (State or foreign country)

GEORGIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

M. C. MICHAEL

14. MOTHER'S MAIDEN NAME

EMMA COHEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

cerebral vascular accident

34 HRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C.V. Dis.

34 YRS

DUE TO

(C)

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

duodenal ulcer(s)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5-52 to 11-11-52, that I last saw the
deceased alive on 11-11-52, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Stewart & McMay, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-11-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/12/52

24C. NAME OF CEMETERY OR CREMATORY

GEOV LE

24D. LOCATION (City, town, or county)

ATHENS GA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William J. Fisher & SON NORTH PO
ans.

VS 150

1052986610300

530
52 10310BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10310
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Henry E. Kennedy</i>		2. DATE OF DEATH <i>Nov. 11, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2812 Rosalie Ave</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2812 Rosalie Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-07</i>	
6. Length of stay in Baltimore <i>2 years</i>		D. STREET ADDRESS (If rural, give location) <i>2812 Rosalie Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>March 14, 1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Milk Business</i>	9. AGE (in years last birthday) <i>60</i>
11. BIRTHPLACE (State or foreign country) <i>Camden, N.J.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Albert Kennedy</i>		14. MOTHER'S MAIDEN NAME <i>Mary Carson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>150-09-8712</i>	
17. INFORMANT <i>Mrs. George Johnson</i>		ADDRESS <i>2812 Rosalie Ave</i>	
18. <i>401.3 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rheumatic Heart Disease</i> DUE TO <i>(A)</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i> <i>Acute Rheumatic Fever</i> <i>(C)</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>none</i>			INTERVAL BETWEEN ONSET AND DEATH <i>30 yrs.</i> <i>81 yrs.</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 10</i> , 19 <i>50</i> , to <i>Nov. 11</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Nov 11</i> , 19 <i>52</i> , and that death occurred at <i>2:15</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>George Sawyer</i>		23B. ADDRESS <i>4808 Hanford Rd.</i>	
23C. DATE SIGNED <i>11/11/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 14/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Lakewood Memorial</i>		24D. LOCATION (City, town, or county) (State) <i>Camden, N.J.</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS <i>5005 Pk. Heights Ave</i>	

NOV 12 1952
VS 150

4206B 10301

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

12/4/52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 10311**

500
52 10311
BIRTH NO.

1. NAME OF DECEASED (Type or Print) NINNO, PASQUALE		2. DATE OF DEATH 11/11/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE PA. B. COUNTY V-35	
B. FULL NAME OF HOSPITAL OR INSTITUTION HASINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ROSETO	
Length of stay in Baltimore Yrs. 1 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) P.O. BOX #6	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 17 1909
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 42
13. FATHER'S NAME MICHAEL NINNO		11. BIRTHPLACE (State or foreign country) ROSETO, PA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MARIA MUFFO	
17. INFORMANT		ADDRESS	

18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRAIN TUMOR	CAUSE OF DEATH (A) BRAIN TUMOR DUE TO (B) (Oligodendroglioma) DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION Brain tumor	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE **Richard A. Smoller** M. D. 23B. ADDRESS **714 N. Broadway Bldg. Mt.** 23C. DATE SIGNED **11/11/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE Nov 15, 52	24C. NAME OF CEMETERY OR CREMATORY RESBYTERIAN CHURCH CEMETERY	24D. LOCATION (City, town, or county) (State) ROSETO, PA.
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952		25. FUNERAL DIRECTOR JOHN J. TASTY, BEL AIR, MD.	

19520010302

MEDICAL CERTIFICATION

See query reply in Document File

52 10312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10312
Registered No.

1. NAME OF DECEASED (Type or Print) EVA KREPKA		2. DATE OF DEATH Nov 10 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 516 S. Chapel Street		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore 2-03	
D. STREET ADDRESS (If rural, give location) 516 S. Chapel Street		E. DATE OF BIRTH July 10 1880	
F. AGE (In years last birthday) 72		G. Under 1 Year Months Days Hours Min.	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH July 10 1880	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10. KINO OF BUSINESS OR INDUSTRY not at present	
11. FATHER'S NAME Synderich		12. CITIZEN OF WHAT COUNTRY? Poland	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		14. SOCIAL SECURITY NO. Unknown	
15. INFORMANT Helen Moritz		ADDRESS 326 D. Street	
16. 1988.1		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cardiac Failure	
ANTECEDENT CAUSES		(B) Emaciation	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Sarcoma - Left. Inguinal Glands	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 19 52 , to Nov. 10 , 19 52 , that I last saw the deceased alive on Nov 9 , 19 52 , and that death occurred at 4 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE Helen Moritz		23B. ADDRESS 2711 Carter Ave	
23C. DATE SIGNED Nov 11, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 13 1952	
24C. NAME OF CEMETERY OR CREMATORY St Stanislaus Cem		24D. LOCATION (City, town, or county) Balto. County	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John M. Weber		ADDRESS 401 S. Chester	

MEDICAL CERTIFICATION

19520010303

1000

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

OFFICE OF THE ASSISTANT ATTORNEY GENERAL

WASHINGTON, D. C. 20540

RECEIVED

NOV 10 1964

FOR THE ATTORNEY GENERAL

BY

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WASHINGTON, D. C. 20540

RECEIVED

NOV 10 1964

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BUREAU OF LAND MANAGEMENT

WASHINGTON, D. C. 20540

RECEIVED

NOV 10 1964

FOR THE ATTORNEY GENERAL

BY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10313
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS THERESA STERN

2. DATE
OF
DEATH

11/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2327 N. CHARLES ST*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE *2020 BRYANT AVE*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

160 MELCHOR NURSING HOME BALTIMORE MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MARYLAND

D. STREET ADDRESS (If rural, give location)

2020 BRYANT AVE

Length of stay in Baltimore

5. SEX
F

6. COLOR OR RACE
W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH

MARCH 1884 68

9. AGE (In years last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Moses Rosenstein

14. MOTHER'S MAIDEN NAME

Getta

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

GILBERT J. STERN 2020 BRYANT AVE

18. *173x and 260x*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) *CARCINOMA OF UTERUS*

TO *METASTASES.*

(B) *DIABETES MELLITUS.*

TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 1/2 yrs

4 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UREMIA

19A. DATE OF OPERATION

MARCH 1949

19B. MAJOR FINDINGS OF OPERATION

ENDOMETRIAL CARCINOMA

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

0

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

0

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

0

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

0

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

0

21F. HOW DID INJURY OCCUR?

0

22. I hereby certify that I attended the deceased from *AUG 9*, 1952, to *11/10*, 1952, that I last saw the deceased alive on *11/9*, 1952, and that death occurred at *3:05 PM*, from the causes and on the date stated above.

23A. SIGNATURE

Frank K. Morris M.D.

23B. ADDRESS

11-E. CHASE ST.

23C. DATE SIGNED

11/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-12-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 5 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewin

ADDRESS

2100 Octavia Pl

VS 150

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10314

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BORIS

ZINZ

2. DATE
OF
DEATH

Nov. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Park Hgts. Ave. & Coldspring Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3508 W Garrison Avenue

Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Rae

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian Zinz - Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Nov. 11, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

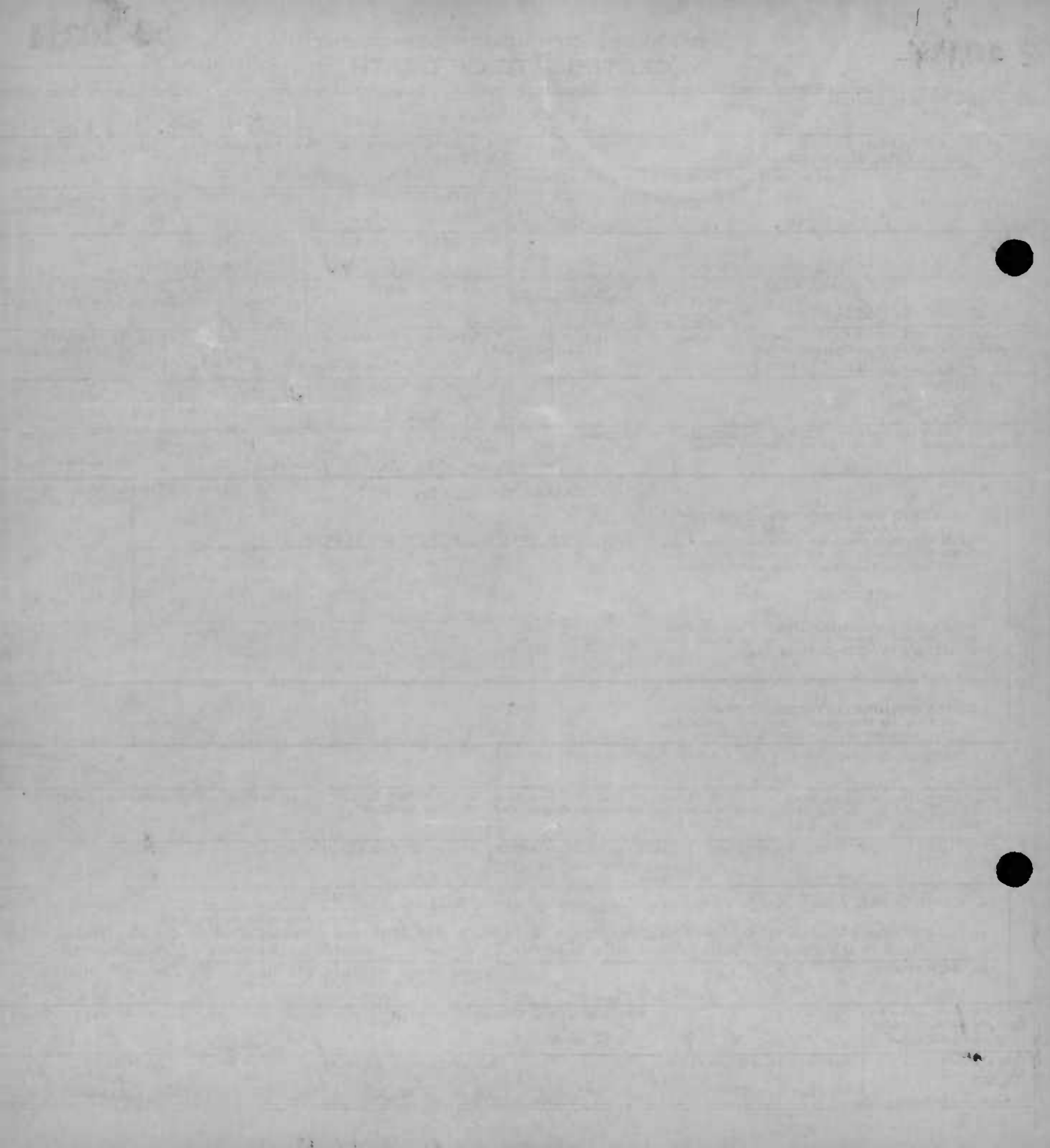
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



400
52 10315BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10315

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MORRIS WOHL			2. DATE OF DEATH 11/10/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Hospital 4th of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 13-01		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2216 Mt. Royal Terrace #17		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 1895	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Grocer			11. BIRTHPLACE (State or foreign country) Russia		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Nathan			14. MOTHER'S MAIDEN NAME Sarah		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Lena Wohl			ADDRESS 2216 Mt. Royal Terrace		

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Acute Myocardial Infarction**

approx. 36 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Coronary Artery Disease**
DUE TO **Arteriosclerotic Cardio-vascular Disease**

approx. 6 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/10 (8 AM) 1952**, to **(9 PM) 11/10, 1952**, that I last saw the deceased alive on **11/9 (9 PM) 1952**, and that death occurred at **9:05 PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1952

Huntington Williams, M.D.
Frank Lewis Inc - 2100 Eutan Pl.

2996A306

100

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

530
52 10316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 10316

BIRTH NO. 52-24424
1. NAME OF DECEASED (Type or Print) Thomas Schmidt
2. DATE OF DEATH Nov 10, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland On way to hospital
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 3466 Liberty Pky 5353

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location)

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH SEPT 24-1952 9. AGE (in years last birthday) 1/16 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 10B. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) BALTIMORE 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME STEWART SCHMIDT 14. MOTHER'S MAIDEN NAME VERA HAFER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. - 17. INFORMANT STEWART SCHMIDT 3464 LIBERTY PKWY ADDRESS

18. 753.1 CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
INTERVAL BETWEEN ONSET AND DEATH

(A) Aspiration Pneumonia ?
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Cerebral agenesis ?
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19__ to ____, 19__, that I last saw the deceased alive on 19__, and that death occurred at 10:11 p.m., from the causes and on the date stated above.

23A. SIGNATURE G. H. Shaw M. D. 23B. ADDRESS 23C. DATE SIGNED 11/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24B. DATE NOV. 12-1952 24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL 24D. LOCATION (City, town, or county) (State) BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR ADDRESS 2112 DUNDALK AV. FULLRICH FUNERAL HOME

31591

RECEIVED - GENERAL INVESTIGATIVE DIVISION
FEBRUARY 20 1964

31591

100-100000



600
52 10317BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10317

1. NAME OF DECEASED (Type or Print) MARY H. MUIR		2. DATE OF DEATH November 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1318 N. Kenwood Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1318 N. Kenwood Avenue		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 15, 1881
9. AGE (In years last birthday) 71		10. UNDER 1 YEAR Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Fifer		14. MOTHER'S MAIDEN NAME Clara Blatchley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Harry G. Muir		ADDRESS 1318 N. Kenwood Avenue	

MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/7 , 19 52 , to 11/9 , 19 52 , that I last saw the deceased alive on 11/9 , 19 52 , and that death occurred at 1:20 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Joseph R. Fifer		23B. ADDRESS 1011 N. Charles St.		23C. DATE SIGNED 11/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/12/52		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	

125200103000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10318**

163
52 10318
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Barbara Gebhardt			2. DATE OF DEATH Nov. 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 7-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 35 Church Home & Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 60 yrs.			D. STREET ADDRESS (If rural, give location) 2611 E. Monument St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH April 3, 1866	9. AGE (In years last birthday) 86	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -			10B. KIND OF BUSINESS OR INDUSTRY -		
13. FATHER'S NAME George Crade			14. MOTHER'S MAIDEN NAME Barbara Kruty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. -		
			17. INFORMANT John Gebhardt ADDRESS 2611 E. Monument St. Balto. Md.		

18. **153X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of colon with generalized metastases.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Nov. 3, 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/2 , 19 52 to 11/11 , 19 52 , that I last saw the deceased alive on 11/11 , 19 52 and that death occurred at 9:40 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Arthur F. Woodward		23B. ADDRESS Church Home & Hospital		23C. DATE SIGNED 11/11/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/14/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery Baltimore, Md.	24D. LOCATION (City, town, or county) (State) BALTO., 13, MD.
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS BALTO., 13, MD.	

VS 150

19520010309
Seay F. Sander

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Signature of Physician	
9. Signature of Registrar		10. Signature of Informant		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Cemetery		15. Signature of Funeral Home		16. Signature of Undertaker	
17. Signature of Minister		18. Signature of Pastor		19. Signature of Chaplain		20. Signature of Priest	
21. Signature of Rabbi		22. Signature of Imam		23. Signature of Buddhist Monk		24. Signature of Hindu Priest	
25. Signature of Other Religious Leader		26. Signature of Other Religious Leader		27. Signature of Other Religious Leader		28. Signature of Other Religious Leader	
29. Signature of Other Religious Leader		30. Signature of Other Religious Leader		31. Signature of Other Religious Leader		32. Signature of Other Religious Leader	
33. Signature of Other Religious Leader		34. Signature of Other Religious Leader		35. Signature of Other Religious Leader		36. Signature of Other Religious Leader	
37. Signature of Other Religious Leader		38. Signature of Other Religious Leader		39. Signature of Other Religious Leader		40. Signature of Other Religious Leader	
41. Signature of Other Religious Leader		42. Signature of Other Religious Leader		43. Signature of Other Religious Leader		44. Signature of Other Religious Leader	
45. Signature of Other Religious Leader		46. Signature of Other Religious Leader		47. Signature of Other Religious Leader		48. Signature of Other Religious Leader	
49. Signature of Other Religious Leader		50. Signature of Other Religious Leader		51. Signature of Other Religious Leader		52. Signature of Other Religious Leader	
53. Signature of Other Religious Leader		54. Signature of Other Religious Leader		55. Signature of Other Religious Leader		56. Signature of Other Religious Leader	
57. Signature of Other Religious Leader		58. Signature of Other Religious Leader		59. Signature of Other Religious Leader		60. Signature of Other Religious Leader	
61. Signature of Other Religious Leader		62. Signature of Other Religious Leader		63. Signature of Other Religious Leader		64. Signature of Other Religious Leader	
65. Signature of Other Religious Leader		66. Signature of Other Religious Leader		67. Signature of Other Religious Leader		68. Signature of Other Religious Leader	
69. Signature of Other Religious Leader		70. Signature of Other Religious Leader		71. Signature of Other Religious Leader		72. Signature of Other Religious Leader	
73. Signature of Other Religious Leader		74. Signature of Other Religious Leader		75. Signature of Other Religious Leader		76. Signature of Other Religious Leader	
77. Signature of Other Religious Leader		78. Signature of Other Religious Leader		79. Signature of Other Religious Leader		80. Signature of Other Religious Leader	
81. Signature of Other Religious Leader		82. Signature of Other Religious Leader		83. Signature of Other Religious Leader		84. Signature of Other Religious Leader	
85. Signature of Other Religious Leader		86. Signature of Other Religious Leader		87. Signature of Other Religious Leader		88. Signature of Other Religious Leader	
89. Signature of Other Religious Leader		90. Signature of Other Religious Leader		91. Signature of Other Religious Leader		92. Signature of Other Religious Leader	
93. Signature of Other Religious Leader		94. Signature of Other Religious Leader		95. Signature of Other Religious Leader		96. Signature of Other Religious Leader	
97. Signature of Other Religious Leader		98. Signature of Other Religious Leader		99. Signature of Other Religious Leader		100. Signature of Other Religious Leader	

500
52 10319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10319

BIRTH NO. 52-25923

1. NAME OF DECEASED
(Type or Print)

Baby Helen Queen

2. DATE
OF
DEATH

NOV 2 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md

D. STREET ADDRESS (If rural, give location)

1049 Brantley Ave

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Queen

14. MOTHER'S MAIDEN NAME

Helen ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 768.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Septicemia

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Septic

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-27-1952 to 11-2-1952, that I last saw the deceased alive on 11-2-1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Herman Pinkerton Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1952

Hospital Proposal

MEDICAL CERTIFICATION

262
52 10320BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10320
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lester P. Rogers

2. DATE
OF
DEATH

11/11/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2514 E. Fayette St.

C. Length of stay in Baltimore

20

Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2514 E. Fayette St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/13/1913

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

OWNER, GASOLINE SERVICE STATION

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Rogers

14. MOTHER'S MAIDEN NAME

Dora Matheny

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Catherine L. Rogers 2514 E. Fayette St.

18. 540.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Malignant Hypertension 4-1952
Nephritis

(B)

DUE TO

Multiple Myeloma 1952

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1952, to Nov 11, 1952, that I last saw the
deceased alive on Nov 11, 1952, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/14/1952

Oak Lawn Cemetery

Balto. County

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1952

Huntington Williams, M.D.

Lawrence F. Hoffmann 1639 N. Broadway

10-50

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

10-50

STATE OF NEW YORK

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

STATE OF NEW YORK

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

STATE OF NEW YORK

412
52 10321
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10321

1. NAME OF DECEASED (Type or Print) EDWARD A. PHILLIPS			2. DATE OF DEATH 11/9/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence) A. STATE MD B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 3518 ELLIOTT ST			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE			d. STREET ADDRESS (If rural, give location) 3518 ELLIOTT ST		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH MAY 9, 1875	9. AGE (In years last birthday) 77	# Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED. CLERK P.R.R.			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME NOT KNOWN			14. MOTHER'S MAIDEN NAME NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS AUGUST PHILLIPS 3518 ELLIOTT ST		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Arteriosclerotic C.V. Disease		DUE TO		Jan 3/52	
ANTECEDENT CAUSES		(B) Chronic myocardial Degeneration		Jan 3/52	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Acute Myocardial Failure		11-7-52	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		None			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. WHERE DID INJURY OCCUR? None	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	

22. I hereby certify that I attended the deceased from **8-3-52**, to **11-9-52**, that I last saw the deceased alive on **11-8-52**, and that death occurred at **11:52 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. Schimmick		23b. ADDRESS 8428 East Ave		23c. DATE SIGNED 11-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/13/1952		24c. NAME OF CEMETERY OR CREMATORY PAK LAWN	
24d. LOCATION (City, town, or county) BALTIMORE MD		24e. NAME OF CEMETERY OR CREMATORY PAK LAWN		24f. LOCATION (City, town, or county) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Clarence J. Hoffmann 1639 Broadway	

19520010312

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. PLACE OF BIRTH		5. DATE OF BIRTH		6. DATE OF DEATH	
7. PLACE OF DEATH		8. CAUSE OF DEATH		9. MANNER OF DEATH	
10. SIGNATURE OF PHYSICIAN		11. SIGNATURE OF CORONER		12. SIGNATURE OF WITNESSES	
13. SIGNATURE OF DECEASED		14. SIGNATURE OF NEXT OF KIN		15. SIGNATURE OF BURIAL OFFICIAL	
16. SIGNATURE OF REGISTRAR		17. SIGNATURE OF CLERK		18. SIGNATURE OF JURY	
19. SIGNATURE OF JUDGE		20. SIGNATURE OF SHERIFF		21. SIGNATURE OF SHERIFF'S CLERK	
22. SIGNATURE OF SHERIFF'S DEPUTY		23. SIGNATURE OF SHERIFF'S CLERK		24. SIGNATURE OF SHERIFF'S CLERK	
25. SIGNATURE OF SHERIFF'S CLERK		26. SIGNATURE OF SHERIFF'S CLERK		27. SIGNATURE OF SHERIFF'S CLERK	
28. SIGNATURE OF SHERIFF'S CLERK		29. SIGNATURE OF SHERIFF'S CLERK		30. SIGNATURE OF SHERIFF'S CLERK	
31. SIGNATURE OF SHERIFF'S CLERK		32. SIGNATURE OF SHERIFF'S CLERK		33. SIGNATURE OF SHERIFF'S CLERK	
34. SIGNATURE OF SHERIFF'S CLERK		35. SIGNATURE OF SHERIFF'S CLERK		36. SIGNATURE OF SHERIFF'S CLERK	
37. SIGNATURE OF SHERIFF'S CLERK		38. SIGNATURE OF SHERIFF'S CLERK		39. SIGNATURE OF SHERIFF'S CLERK	
40. SIGNATURE OF SHERIFF'S CLERK		41. SIGNATURE OF SHERIFF'S CLERK		42. SIGNATURE OF SHERIFF'S CLERK	
43. SIGNATURE OF SHERIFF'S CLERK		44. SIGNATURE OF SHERIFF'S CLERK		45. SIGNATURE OF SHERIFF'S CLERK	
46. SIGNATURE OF SHERIFF'S CLERK		47. SIGNATURE OF SHERIFF'S CLERK		48. SIGNATURE OF SHERIFF'S CLERK	
49. SIGNATURE OF SHERIFF'S CLERK		50. SIGNATURE OF SHERIFF'S CLERK		51. SIGNATURE OF SHERIFF'S CLERK	
52. SIGNATURE OF SHERIFF'S CLERK		53. SIGNATURE OF SHERIFF'S CLERK		54. SIGNATURE OF SHERIFF'S CLERK	
55. SIGNATURE OF SHERIFF'S CLERK		56. SIGNATURE OF SHERIFF'S CLERK		57. SIGNATURE OF SHERIFF'S CLERK	
58. SIGNATURE OF SHERIFF'S CLERK		59. SIGNATURE OF SHERIFF'S CLERK		60. SIGNATURE OF SHERIFF'S CLERK	
61. SIGNATURE OF SHERIFF'S CLERK		62. SIGNATURE OF SHERIFF'S CLERK		63. SIGNATURE OF SHERIFF'S CLERK	
64. SIGNATURE OF SHERIFF'S CLERK		65. SIGNATURE OF SHERIFF'S CLERK		66. SIGNATURE OF SHERIFF'S CLERK	
67. SIGNATURE OF SHERIFF'S CLERK		68. SIGNATURE OF SHERIFF'S CLERK		69. SIGNATURE OF SHERIFF'S CLERK	
70. SIGNATURE OF SHERIFF'S CLERK		71. SIGNATURE OF SHERIFF'S CLERK		72. SIGNATURE OF SHERIFF'S CLERK	
73. SIGNATURE OF SHERIFF'S CLERK		74. SIGNATURE OF SHERIFF'S CLERK		75. SIGNATURE OF SHERIFF'S CLERK	
76. SIGNATURE OF SHERIFF'S CLERK		77. SIGNATURE OF SHERIFF'S CLERK		78. SIGNATURE OF SHERIFF'S CLERK	
79. SIGNATURE OF SHERIFF'S CLERK		80. SIGNATURE OF SHERIFF'S CLERK		81. SIGNATURE OF SHERIFF'S CLERK	
82. SIGNATURE OF SHERIFF'S CLERK		83. SIGNATURE OF SHERIFF'S CLERK		84. SIGNATURE OF SHERIFF'S CLERK	
85. SIGNATURE OF SHERIFF'S CLERK		86. SIGNATURE OF SHERIFF'S CLERK		87. SIGNATURE OF SHERIFF'S CLERK	
88. SIGNATURE OF SHERIFF'S CLERK		89. SIGNATURE OF SHERIFF'S CLERK		90. SIGNATURE OF SHERIFF'S CLERK	
91. SIGNATURE OF SHERIFF'S CLERK		92. SIGNATURE OF SHERIFF'S CLERK		93. SIGNATURE OF SHERIFF'S CLERK	
94. SIGNATURE OF SHERIFF'S CLERK		95. SIGNATURE OF SHERIFF'S CLERK		96. SIGNATURE OF SHERIFF'S CLERK	
97. SIGNATURE OF SHERIFF'S CLERK		98. SIGNATURE OF SHERIFF'S CLERK		99. SIGNATURE OF SHERIFF'S CLERK	
100. SIGNATURE OF SHERIFF'S CLERK		101. SIGNATURE OF SHERIFF'S CLERK		102. SIGNATURE OF SHERIFF'S CLERK	

4660
AD 16203

52 10322

BIRTH NO. 49-02213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10322

1. NAME OF DECEASED (Type or Print) Marion Fuller			2. DATE OF DEATH Nov. 9-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 918 Russell Street		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 23-1949	9. AGE (In years last birthday) 3 yrs	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lemuel Fuller			14. MOTHER'S MAIDEN NAME Julia Weeks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS 4940 Eastern Ave. Baltimore City Hospitals-		
18. 292.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myelitis Etiology undetermined DUE TO (B) Sickle Cell Anemia DUE TO (C) Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 mo.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-5- , 19 52 , to 11-9- , 19 52 , that I last saw the deceased alive on 11-9- , 19 52 , and that death occurred at 7.20P m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Jones</i>		23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 11-10-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 12. 52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	24D. LOCATION (City, town, or county) (State) A. A. Co Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Isaac L Brown Son</i> ADDRESS	

VS 150

54001 018800 Mount Omer St

32 41 02

CERTIFICATE OF DEATH

32 41 02

1917

CAUSE OF DEATH

James L. ...
...

520
52 10323BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10323
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Lee R. Vance</i>		2. DATE OF DEATH <i>Nov. 10, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>Calvert</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore Gen. Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>5250</i>	
D. STREET ADDRESS (If rural, give location) <i>113 Edgevale Rd. # 25</i>		5. LENGTH OF STAY IN BALTIMORE <i>56 years</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 12, 1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Per. Dipper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Loeke Co.</i>	9. AGE (In years last birthday) <i>56</i>
11. BIRTHPLACE (State or foreign country) <i>West Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>?</i>	
13. FATHER'S NAME <i>J. Vance</i>		14. MOTHER'S MAIDEN NAME <i>? Sally ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Family - Same</i>		ADDRESS	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral accident, probably</i> DUE TO <i>hemorrhage</i> (B) <i>accidental fall</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>40 hr.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov. 9</i> , 1952, to <i>Nov. 10</i> , 1952, that I last saw the deceased alive on <i>Nov. 10</i> , 1952, and that death occurred at <i>4:10 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>W. M. Conway</i>		23B. ADDRESS <i>South Baltimore Gene Hosp</i>	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>		24B. DATE <i>11.13.52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Meadowridge</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>W. L. Du Cane</i>		ADDRESS	

VS 150
195268030 1305 FORT AVE.
195268030 10311

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE
B. K. Fisher
CHIEF OR ASST. MEDICAL EXAMINER

52-0

AP 164572

2 10324

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10324

1. NAME OF DECEASED (Type or Print) Martha Anne Lynch			2. DATE OF DEATH Nov. 10-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 802 N. Wolfe St. zone 5					
5. SEX Female			6. COLOR OR RACE Negro		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH May 3- 1902		
9. AGE (In years last birthday) 50			10. Under 1 Year Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Cousin (Cousins)			14. MOTHER'S MAIDEN NAME Jannie Mayo (Mays)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			ADDRESS		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Hypertensive Heart Disease		DUE TO		?	
ANTECEDENT CAUSES		(B) Uremia		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-31- , 19 52 to 11-10- , 19 52 that I last saw the deceased alive on 11-10- , 19 52 , and that death occurred at 5.20PM. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Jones		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 11-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Nov 13/52		24C. NAME OF CEMETERY OR CREMATORY Green Va.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Mrs. Robert G. Elliott & Daughter 1129 N. Caroline St.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
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ALBANY, N. Y.

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ALBANY, N. Y.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

621
52 10325

CERTIFICATE CORRECTED 12-8-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10325

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN V Wurzbacher

2. DATE
OF
DEATH

Nov. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1909 East 32nd Street

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Matthias Kneavel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1909 East 32nd Street

8. DATE OF BIRTH

1902
Sept. 14, 19029. AGE (In years
last birthday)

51 50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Veronica

17. INFORMANT

ADDRESS

DR. WARREN Wurzbacher - E. 32nd

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Metastatic Malignancy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of Breast

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Spring 1947

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Breast.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1952 to Nov 11, 1952 that I last saw the
deceased alive on Nov 11, 1952 and that death occurred at 8:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE

George S. Watson, M.D.

23B. ADDRESS

1101 St. Paul St.

23C. DATE SIGNED

Nov 12, '52.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/14/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 12 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edward J. Ruck, 5305 Harford Road.

VS 150

4952010316

MEDICAL CERTIFICATION

4240

420
52 10326BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10326
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ANN BLACK

2. DATE
OF DEATH Nov. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

6024 Old Harford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6024 Old Harford Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

female

white

widowed

Dec. 5, 1877

74

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John E. Frey

14. MOTHER'S MAIDEN NAME

Charlotte Humphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 6024

Mrs. Charlotte O'Keefe, Old Harford

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the stomach

4 1/2 months

ANTECEDENT CAUSES

with generalized metastases.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

ml.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September, 1952, to Nov 10, 1952, that I last saw the deceased alive on Nov 10, 1952, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

S. Phelan

M. D.

23B. ADDRESS

7122 Harford Rd

23C. DATE SIGNED

11. 11. 52

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/14/52

New Cathedral Cem.

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

1050

CRITICAL CARE UNIT
FARMINGTON, CT 06030

1050

Dr. Skloven
7122 Hartford

1 PM

625
2 10327
BIRTH NO. 52-26894
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 52 10327
ZURKAN
1. NAME OF DECEASED (Type or Print) Baby Boy Zurkan
2. DATE OF DEATH 11-9-52
3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hosp.
C. Length of stay in Baltimore
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. 5300
D. STREET ADDRESS (If rural, give location) Kelly Bros. Hyde Ind.
5. SEX M. 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 11-9-52 9. AGE (In years last birthday) 11-9-52 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Ind. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nicholas Zurkan 14. MOTHER'S MAIDEN NAME Anna Bopark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Prematurity
(A) DUE TO Cardiac respy failure
(B) DUE TO
(C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-9-1952, to 11-9-1952, that I last saw the deceased alive on 11-9-1952, and that death occurred at 3:40 pm., from the causes and on the date stated above.
23A. SIGNATURE M. D. 23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS
NOV 12 1952
VS 150
5305 Bayford Rd. Balto 14 Ind.

1501 52

RECEIVED FROM THE
OFFICE OF THE SECRETARY OF THE ARMY

1501 52

VALLEY

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10328**

614
52 10328

1. NAME OF DECEASED (Type or Print) ROBERT P. HARBOLD		2. DATE OF DEATH Nov. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2808 Hamilton Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2808 Hamilton Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 22, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Colonel (Rtd)		10B. KIND OF BUSINESS OR INDUSTRY U. S. Army	
11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Harbold		14. MOTHER'S MAIDEN NAME Mary McKeever	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes World War 1 & 2		16. SOCIAL SECURITY NO.	
17. INFORMANT Com. Robert P. Harbold, 129 Spa View /		ADDRESS Annapolis, Md.	

18. 451 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Ruptured Aortic Aneurysm DUE TO (B) Degenerative Arteriosclerotic Cardio-vascular disease DUE TO (C) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Sudden immediate
--	---	--	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **March 4**, 1950 to **Nov. 11**, 1952, that I last saw the deceased alive on **Nov. 3**, 1952, and that death occurred at **1 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE A. V. Harbold	23B. ADDRESS 4706 Harford Road	23C. DATE SIGNED Nov. 12, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 11/14/52	24C. NAME OF CEMETERY OR CREMATORY Arlington National Cem.
		24D. LOCATION (City, town, or county) (State) Arlington, Va.

DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Pickner & Sons	ADDRESS Beth 17, Md.
--	---	--	--------------------------------

VS 150
52 59591

MEDICAL CERTIFICATION

100-100000

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100-100000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10329

1. NAME OF DECEASED
(Type or Print)

ELSIE

MARSH

2. DATE
OF
DEATH

Nov. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

505 W. University Pkwy.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cashier

10B. KIND OF BUSINESS OR
INDUSTRY

Hospital

8. DATE OF BIRTH

June 13, 1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Alexander Gordon-Md. Trust Co.

CAUSE OF DEATH

18. E816.4

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C)

Craniocerebral Injury Instant
FRACTURE OF SKULL
Laceration of BRAININTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Greenway + STRATFORD - 27/11

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11 7 52 52

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

DRIVER OF AUTO - Auto Collision

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Cremation 11/12/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. J. Fickner & Sons

ADDRESS

VS 151

N 803.2

320 FT 10320

Balto 17, Md.

100-1000

100-1000

100-1000

100-1000

100-1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10330
Registered No. _____

120
52 10330
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Gustav R. Raubach				2. DATE OF DEATH Nov. 10, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland 710 Linwood Ave				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION _____				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 710 N. Linwood Ave				Yrs. Mos. Days			
c. Length of stay in Baltimore				8. DATE OF BIRTH			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower		9. AGE (In years last birthday) 86		If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME John Raubach				14. MOTHER'S MAIDEN NAME -----		12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Paul Raubach 710 Linwood Ave	
18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Sclerotic Disease - DUE TO Thrombotic Cerebral Arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 3	
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/6 , 19 52 , to 11/10 , 19 52 , that I last saw the deceased alive on 11/10 , 19 52 , and that death occurred at 4:30 p. m., from the causes and on the date stated above.							
23A. SIGNATURE Walter B. Fickel				23B. ADDRESS 323 N. Myrtle St.		23C. DATE SIGNED 11/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 13, 52		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR'S ADDRESS Rita Wiedefeld 900 E. Biddle St			

52 001 0321

MEDICAL CERTIFICATION

(10)

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

2

2

Handwritten signature

Handwritten signature

254

52 10331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10331

1. NAME OF DECEASED (Type or Print) <i>Robert Mc Nally</i>		2. DATE OF DEATH <i>7:00 A.M. Nov. 12-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>Maryland</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. Length of stay in Baltimore <i>3 1/2 yrs.</i>		E. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Jan. 6, 1872</i>
10A. USUAL OCCUPATION (Give kind of work done during life of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>79</i>
13. FATHER'S NAME <i>Patrick Mc Nally</i>		14. MOTHER'S MAIDEN NAME <i>Bridget Barr</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	11. BIRTHPLACE (State or foreign country)
17. INFORMANT <i>Little Sisters of the Poor</i>		12. CITIZEN OF WHAT COUNTRY?	
18. <i>421.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Mitral Stenosis</i> DUE TO (B) <i>Coronary Sclerosis</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i> <i>5 yrs</i>		19. DATE OF OPERATION <i>0</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1000 P.M.</i> , 19 <i>52</i> , to <i>Nov 12</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>Nov 11</i> , 19 <i>52</i> , and that death occurred at <i>7A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>E. Gill Hall MD</i>		23B. ADDRESS <i>1631 E North Ave</i>	
23C. DATE SIGNED <i>11/12/52</i>		24. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>Nov 14, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Thurston Williams</i>	
25. ADDRESS <i>900 E. Biddle St</i>		26. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1952</i>	

MEDICAL CERTIFICATION

520010322

R-153

52 10332

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10332

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George D. Robinette

2. DATE
OF
DEATH

Nov. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

P. North Abington Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Truck Driver Trucking

13. FATHER'S NAME

Cyrus Robinette

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-09-4450

8. DATE OF BIRTH

Aug. 20, 1889

9. AGE (In years last birthday)

63

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mae Delz

17. INFORMANT

ADDRESS

Paul L. Robinette - Sons

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis, Generalized

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

1947 to

Nov 9, 1952

that I last saw the deceased alive on 11-9-52, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

3524 Emden - Belton

23C. DATE SIGNED

11-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1952

Tunington Williams, M.D.

J. L. Lippert & Son

100-10000

RECEIVED BY DEPT. OF JUSTICE

100-10000

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M-200
52 10333BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10333

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lottie Moss</i>		2. DATE OF DEATH <i>11/7/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1007 Vine St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-02</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1007 Vine St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>6/20/1894</i>	9. AGE (In years last birthday) <i>58</i>	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Fred Simms</i>		14. MOTHER'S MAIDEN NAME <i>Clarenda Johnson</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Katie King 903 Boyd St.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Coronary Insufficiency</i> DUE TO (B) <i>Generalized Arteriosclerosis</i> DUE TO (C) <i>Hypertensive Cardiovascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>None</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 1952</i> to <i>Mar 7, 1952</i> , that I last saw the deceased alive on <i>July 1952</i> , and that death occurred at <i>3:30 p.m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur M. West</i>		23B. ADDRESS <i>1902 Edmondson Ave</i>		23C. DATE SIGNED <i>11-10-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/12/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	
24D. LOCATION (City, town, or county) <i>Brooklyn, Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 12 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Charles A. Rice</i>		25. ADDRESS <i>661 W. Barret St</i>			

DEPARTMENT OF HEALTH
Baltimore City Health Department
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Death	
Place of Birth		Usual Residence		Cause of Death		Manner of Death	
Occupation		Education		Previous Illnesses		Medical History	
Physician		Hospital		Burial Place		Burial Date	
Registrar		Witness		Signature		Official Seal	

40
52 10334BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10334

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DORIS E. DUVALL

2. DATE
OF
DEATH

Nov. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

111 Upmanor Road

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1936

9. AGE (In years
last birthday)

16

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

Western High School

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Duvall

14. MOTHER'S MAIDEN NAME

Marie Shifflett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Howard E. Green, 111 Upmanor Road

18. E 811.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

3300 block Edmondson Ave.-Denison St. 16/8

21D. TIME (Month) (Day) (Year) (Hour)

Nov. 10, 1952 8:15 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR? Auto & streetcar

collision-passenger thrown from auto,
pinned under rear wheel22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Nov. 11, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/14/52

24C. NAME OF CEMETERY OR CREMATORY

Morgan Chapel Cemetery

24D. LOCATION (City, town, or county) (State)

Near Woodbine, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

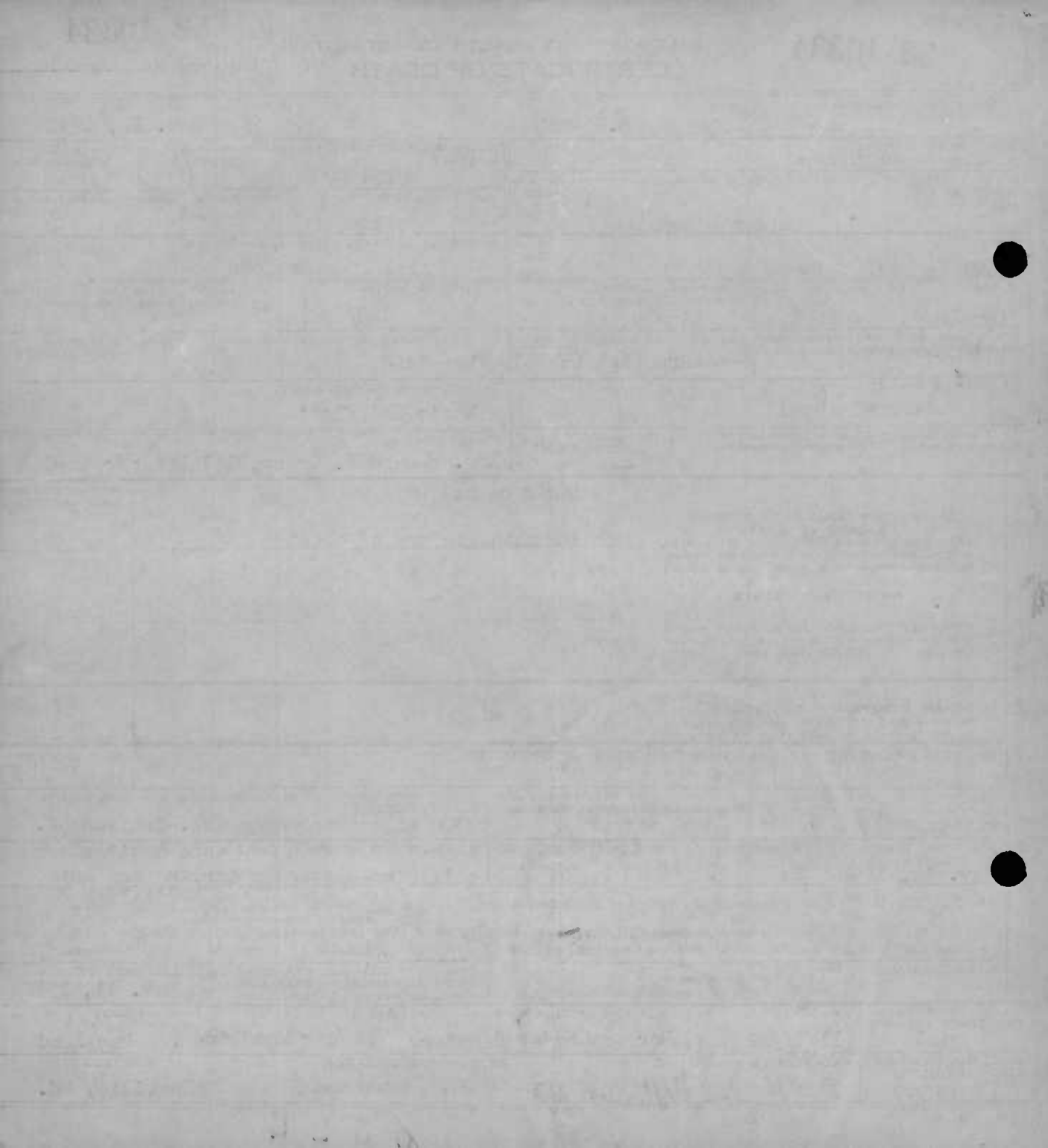
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Weer & Haight

Sykesville, Md.



363 52 10335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10335
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leatherwood, C. Vivian

2. DATE
OF
DEATH

11/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

38 University Hospital

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

8/6/178

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

POULTRY MAN

10B. KIND OF BUSINESS OR
INDUSTRY

POULTRY

13. FATHER'S NAME

JOSHUA LEATHERWOOD

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

VIRGINIA HOOD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

(If yes, give war or dates of service)

NONE

FLORENCE A. LEATHERWOOD, SYKESVILLE

18. 541.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Bleeding Duodenal Ulcer

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Subtotal Gastrectomy followed by Peritonitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3, 1952, to 11/10, 1952, that I last saw the
deceased alive on 11/10, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Ray Pryor, M. D.

Univ. Hosp.

11/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1952

Huntington Williams, M.D.

Weir & Haight - Sykesville, Md.

VS 150

2906A

BIRMINGHAM CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Name of Deceased <i>John Doe</i>		Sex <i>Male</i>	
Age <i>45</i>		Date of Birth <i>Jan 15 1900</i>	
Place of Birth <i>Alabama</i>		Race <i>White</i>	
Usual Residence <i>123 Main St</i>		Occupation <i>Teacher</i>	
Cause of Death <i>Heart Disease</i>		Date of Death <i>Dec 10 1945</i>	
Time of Death <i>10:00 AM</i>		Place of Death <i>Home</i>	
Physician's Name <i>Dr. Smith</i>		Signature of Physician <i>[Signature]</i>	
Municipal Health Officer's Name <i>[Signature]</i>		Signature of Municipal Health Officer <i>[Signature]</i>	

Name of Deceased <i>John Doe</i>		Sex <i>Male</i>	
Age <i>45</i>		Date of Birth <i>Jan 15 1900</i>	
Place of Birth <i>Alabama</i>		Race <i>White</i>	
Usual Residence <i>123 Main St</i>		Occupation <i>Teacher</i>	
Cause of Death <i>Heart Disease</i>		Date of Death <i>Dec 10 1945</i>	
Time of Death <i>10:00 AM</i>		Place of Death <i>Home</i>	
Physician's Name <i>Dr. Smith</i>		Signature of Physician <i>[Signature]</i>	
Municipal Health Officer's Name <i>[Signature]</i>		Signature of Municipal Health Officer <i>[Signature]</i>	

260

52 10336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10336

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEECHER, HOMER G.

2. DATE
OF
DEATH

NOV. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hosp.

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

13. FATHER'S NAME

Beecher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis V. Beecher 1215 Battery Ave

18.

570.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) INTESTINAL OBSTRUCTION

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) POST-OPERATIVE ADHESIONS

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

November 1, 1952

19B. MAJOR FINDINGS OF OPERATION

adhesions causing intestinal obstruction.

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29, 1952, to 11-10, 1952, that I last saw the
deceased alive on Nov - 10, 1952, and that death occurred at 1:12 P m., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

M. D.

23B. ADDRESS

South Baltimore Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/13/52

Cedar Hill

A. A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1121952

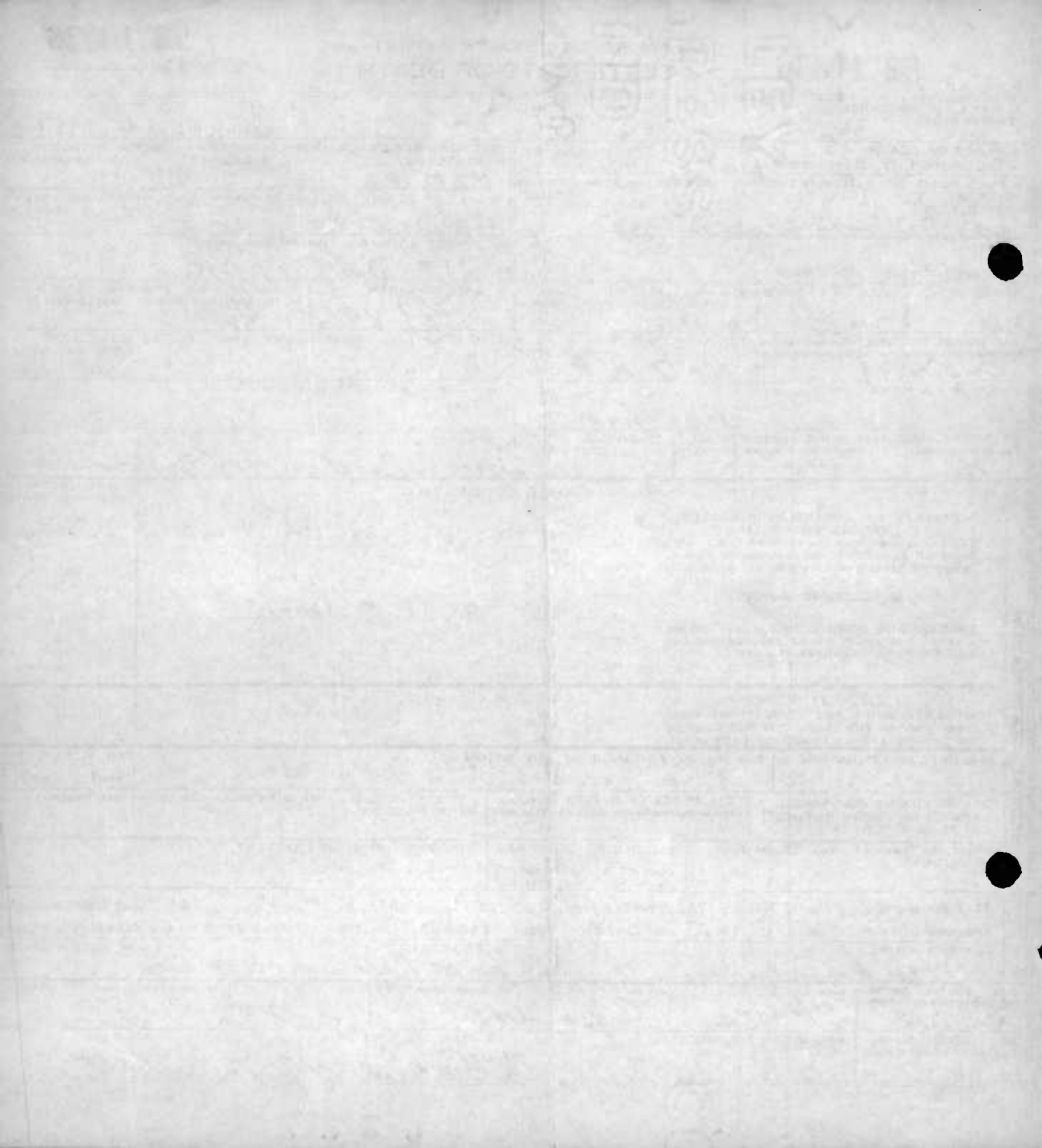
VS 150

Huntington Williams, M.D.

W. J. Cook Inc. 1217 St. Paul St

54105010327

MEDICAL CERTIFICATION



636
52 10337BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10337

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HENRIETTA SCHRADER			2. DATE OF DEATH November 12, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION 5600 Woodmont Avenue			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 5600 Woodmont Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 18, 1859	9. AGE (In years last birthday) 93	If Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Heinemann			14. MOTHER'S MAIDEN NAME Henrietta ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. I. W. Taylor, 5600 Woodmont Avenue		

18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterosclerotic Cardio-vascular Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Nephritis	CAUSE OF DEATH (A) Anterosclerotic Cardio-vascular Disease DUE TO (B) Chronic Nephritis DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 1952 , to Nov. 12, 1952 , that I last saw the deceased alive on Nov. 12, 1952 , and that death occurred at 5:35 A. M. , from the causes and on the date stated above.					
23a. SIGNATURE Nathan Janney		23b. ADDRESS 7101 Hayford Rd.		23c. DATE SIGNED 11/12/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11/12/52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24d. LOCATION (City, town, or county) Wellsville, New York		24e. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24f. LOCATION (City, town, or county) Wellsville, New York	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	
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636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10338

BIRTH NO. 52 10338

1. NAME OF DECEASED (Type or Print) MRS. LILLIAN CARTER		2. DATE OF DEATH 11/11/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2025 W. Fayette St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE MARYLAND B. COUNTY BALTO.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) BON SECOURS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 16 S. MORLEY STREET		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2/1/86
9. AGE (In years last birthday) 66		10. Under 1 Year Months: Days Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ADOLPH GIPPRICH		14. MOTHER'S MAIDEN NAME ROSA LEE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MR. DANA CARTER		ADDRESS 46 S. MORLEY ST., BALTIMORE, MD.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Acute Myo Cardial Infarction DUE TO Acute Pulmonary Edema -		24 hr -
(B) Coronary Artery Disease - DUE TO		5 years
(C)		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiac Asthenia & Cardiac Cirrhosis -		27 years

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/11/52**, 19, to **11/11/52**, 19, that I last saw the deceased alive on **11/11/52**, 19, and that death occurred at **3:30 P** m., from the causes and on the date stated above.

23A. SIGNATURE John E. Carroll Jr.	23B. ADDRESS Bon Secours	23C. DATE SIGNED 11/11/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 13/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine M. Woodlawn. Md	24D. LOCATION (City, town, or county) (State) 4101 Edmondson
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DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952	REGISTRAR'S SIGNATURE Harry Williams, M.D.	25. FUNERAL DIRECTOR Harry Williams, M.D.	ADDRESS 4101 Edmondson
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1933

1933

VALLEY

FIELD

1933

1933

200
52 10339BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10339
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna K/ Tews

2. DATE
OF
DEATH

Nov. 10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

2106 Hollins St

c. Length of stay in Baltimore

43 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2106 Hollins St

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Kopf

14. MOTHER'S MAIDEN NAME

Missner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Robert W. Tews, 2106 Hollins St.

18. 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 day

1945-

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10/52, to 11/10/52, that I last saw the deceased alive on 11/9/52 and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 12/52

Loudon Park

Baltimore 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1952

Huntington Williams, M.D.

Harvey H. Witzler

4101 Edmondson Ave

VS 150

19520000330

15-1000

STATE OF NEW YORK

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. Name of Deceased: [illegible]

2. Sex: [illegible]

3. Age: [illegible]

4. Date of Birth: [illegible]

5. Date of Death: [illegible]

6. Place of Death: [illegible]

7. Cause of Death: [illegible]

8. Signature of Physician: [illegible]

9. Signature of Registrar: [illegible]

10. Date of Registration: [illegible]

52 10340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

52 10340

1. NAME OF DECEASED
(Type or Print)

Long, Alexander B.

2. DATE
OF
DEATH

11-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQUARE

HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

March 17, 1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CRANE OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

Con. Gas & Electric

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander R. Long

14. MOTHER'S MAIDEN NAME

LOUISA FORTMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

YES

W.W.1

16. SOCIAL
SECURITY NO.

17. INFORMANT

Charlotte Long

ADDRESS

2023 M^{SE} Henry ST.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHCardiac insufficiency
Coronary thrombosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5/1952 to 11/10/1952, that I last saw the
deceased alive on 11/10/1952, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Amado E. Pesta, M.D.

23B. ADDRESS

Franklin Square Hosp

23C. DATE SIGNED

11/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 13/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore 26, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

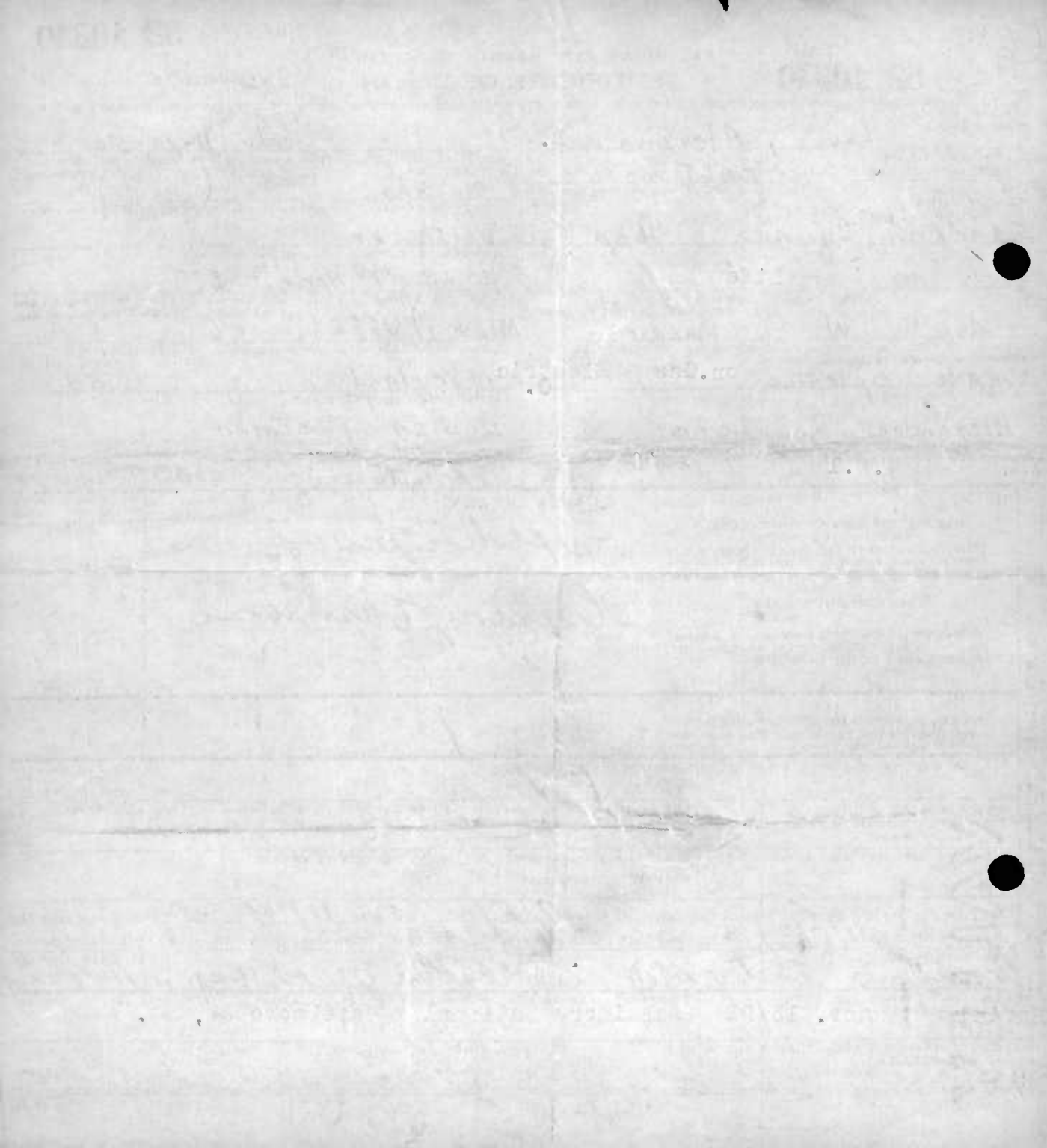
25. FUNERAL DIRECTOR

Harry A. Hutzler, 4101 Edmondson

ADDRESS

Rev.

JF35E 10331



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10341
Registered No. _____

BIRTH NO. 52 10341

1. NAME OF DECEASED (Type or Print) Catherine B. Norwood			2. DATE OF DEATH Nov. 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Snyder Nursing Home 4700 Harford Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. LENGTH OF STAY IN BALTIMORE life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1619 Park Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 5-7-63		9. AGE (In years last birthday) 89
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Leonard Burbank			14. MOTHER'S MAIDEN NAME Mary Olivia Essender		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Elizabeth Brooks 1619 Park Ave.		

18. 42211 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac failure DUE TO (A) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 2 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerotic cardio-vascular ? DUE TO duration (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Obstructive jaundice, cause unknown		10 days

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Sept**, 1952 to **Nov 11**, 1952, that I last saw the deceased alive on **Nov 7**, 1952, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE A. Allan Spier		23B. ADDRESS 4408 Loch Raven Blvd.		23C. DATE SIGNED 11 Nov 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11 - 13 - 52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR Nov 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place W B Mitchell
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- 460
52 10342BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10342

BIRTH NO.			2. DATE OF DEATH NOV. 11-1952		
1. NAME OF DECEASED (Type or Print) Paul Muller			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
3. PLACE OF DEATH: A. Baltimore City, Maryland Md. Thy 2			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 11-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION 33 JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE			D. STREET ADDRESS (If rural, give location) Charles & Mt Royal Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SP	8. DATE OF BIRTH 3-25-1907		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager of Hotel			11. BIRTHPLACE (State or foreign country) NEW YORK		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME DON'T KNOW			14. MOTHER'S MAIDEN NAME DON'T KNOW		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES			16. SOCIAL SECURITY NO.		
17. INFORMANT ADDRESS			JOHNS HOPKINS HOSPITAL		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Myocardial Infarction DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 10 hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-11-1952 to 11-11-1952 that I last saw the deceased alive on 11-11-1952 and that death occurred at 3:15 PM, from the causes and on the date stated above.					
23A. SIGNATURE Victoria Sales De Caceres M. D.			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 11/11/52
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE 11/13/52	24C. NAME OF CEMETERY OR CREMATORY MT. ST. MARYS		24D. LOCATION (City, town, or county) (State) FLUSHING N.Y.
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 2007 ULLRICH FUNERAL HOME ORLEANS	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10343**

BIRTH NO. **52 10343** REG. NO. **28580**

1. NAME OF DECEASED (Type or Print) Rosie Glasgow (Glascoe)			2. DATE OF DEATH 11-10-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave		
c. Length of stay in Baltimore Life			Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 17, 1880		9. AGE (In years last birthday) 72 yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER			10B. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Henry Glasgow		
14. MOTHER'S MAIDEN NAME Nancy Carter			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Records: Baltimore City Hospitals 4940 Eastern Ave		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident DUE TO Left Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 15 yrs
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **11-26**, 19 **37** to **11-10**, 19 **52** that I last saw the deceased alive on **11-10**, 19 **52** and that death occurred at **1:10 A.M.** from the causes and on the date stated above.

23A. SIGNATURE <i>H. J. Jones</i>	23B. ADDRESS 4940 Eastern Ave, Balto. Md.	23C. DATE SIGNED 11-10-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 13, 1952	24C. NAME OF CEMETERY OR CREMATORY Arbuton Mem. Pk.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR Nov 12 1952	REGISTRAR'S SIGNATURE <i>H. J. Jones</i>	25. FUNERAL DIRECTOR ADDRESS 1631 Druid Hill Ave	

5 0 1 0 3 3 4

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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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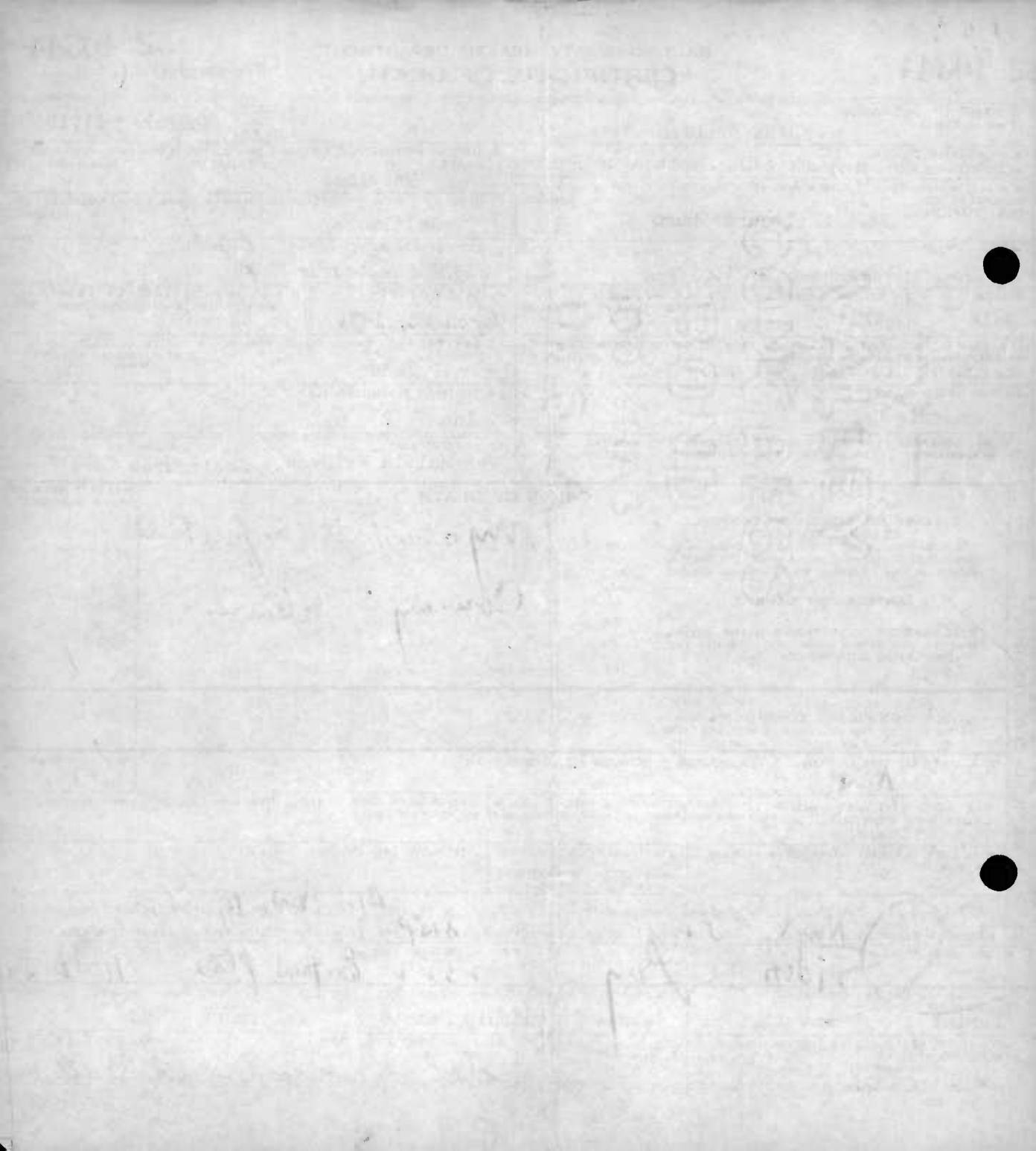
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435
52 10344BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10344

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) FRANK WALDMAN		November 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3402 Shelbourne Road		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3402 Shelbourne Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3402 Shelbourne Road		E. LENGTH OF STAY IN BALTIMORE 40 Yrs	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 25, 1891
9. AGE (In years last birthday) 61		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Clothing		10B. KIND OF BUSINESS OR INDUSTRY shop	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Harris Waldman		14. MOTHER'S MAIDEN NAME Ida ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Molvin Waldman		ADDRESS 3402 Shelbourne Road	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO Coronary sclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 8, 1952 to Nov. 11, 1952 and that death occurred at 8:45 P. M. from the causes and on the date stated above.			
23A. SIGNATURE Sidon I. Levy		23B. ADDRESS 232 E. Eastern Ave	
23C. DATE SIGNED 11-12-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 13, 1952	
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Sol. Levinson		ADDRESS Bus. North Ave	

52 02906F 335



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10345**

326
10345
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Walter A. Peddicord			2. DATE OF DEATH Nov. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 5403 Windsor Mill Rd.			C. CITY OR TOWN (If outside corporate limits, give township) Baltimore		
C. Length of stay in Baltimore 81- Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5403 Windsor Mill Road.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1871		9. AGE (In years last birthday) 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Elec. Inspector Balto. City			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME George Peddicord			14. MOTHER'S MAIDEN NAME Sarah Steele		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Marion Peddicord 5403 Windsor		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach Aug 10		CAUSE OF DEATH Insufficient		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Old Age		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 10, 1952 to Nov 10, 1952 that I last saw the deceased alive on Nov 10, 1952 and that death occurred at 5:45 p.m. from the causes and on the date stated above.					
23A. SIGNATURE R. C. Smith		23B. ADDRESS 4309 Gough Ave		23C. DATE SIGNED Nov 12	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-13-1952		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
DATE RECEIVED BY LOCAL REGISTRAR Nov 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,	

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10346

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HOWARD G. SCHAEFER		2. DATE OF DEATH November 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 56 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3914 Edmondson Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 6, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10B. KIND OF BUSINESS OR INDUSTRY Jack's Key Service	9. AGE (In years last birthday) 56 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
13. FATHER'S NAME Nicholas Schaefer		14. MOTHER'S MAIDEN NAME Mary A. O'Brien	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215-09-6701	
		17. INFORMANT ADDRESS Mary G. Wehage Juniper, Fla. Box 170	

18. **443X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

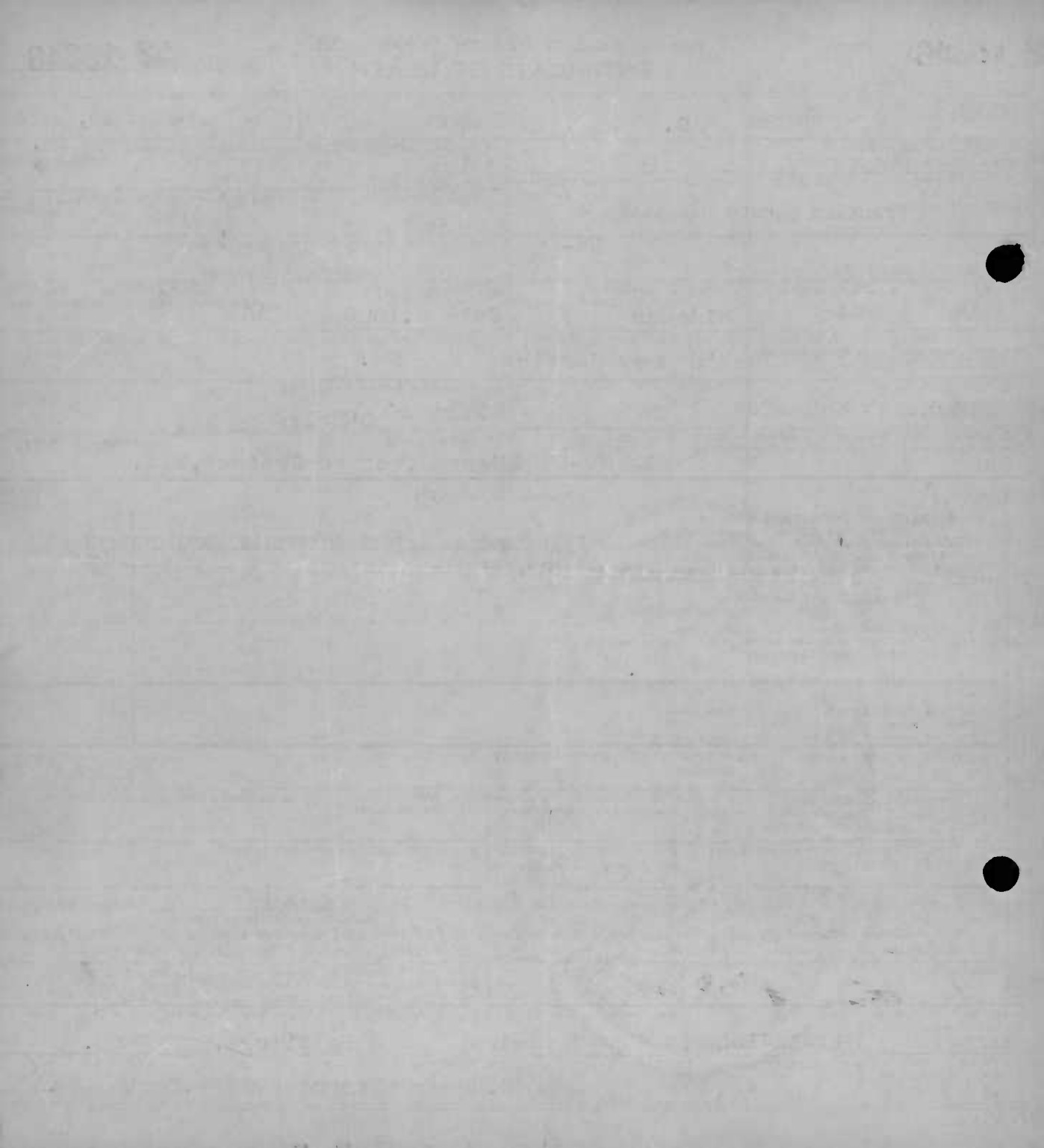
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Strong		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/10/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-13-1952	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) Baltimore, Md.	(State)

DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR G. Howard Strong	ADDRESS 3207 W. North Ave.
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560
52 10347
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10347

1. NAME OF DECEASED (Type or Print) GEORGE J. ZINNER		2. DATE OF DEATH November 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 816 S. Conkling St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 816 S. Conkling St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 30, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10B. KIND OF BUSINESS OR INDUSTRY Revere Brass Co.	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Zinner		14. MOTHER'S MAIDEN NAME Anna Welcher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO. 216-03-0829	
17. INFORMANT Gertrude Zinner		ADDRESS 816 S. Conkling St.	
18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremic Coma		INTERVAL BETWEEN ONSET AND DEATH 11/6/52	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chr Nephritis		July 1, 52	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chr Myocarditis		July 1, 52	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 15, 1952 to Nov 9, 1952 , that I last saw the deceased alive on Nov 9, 1952 , and that death occurred at 7:00 P.M. from the causes and on the date stated above.			
23A. SIGNATURE William J. Ryan		23B. ADDRESS 801 4th Ave	
23C. DATE SIGNED 11/12/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 13, 1952	
24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd. Md.	
25. FUNERAL DIRECTOR Charles S. Seiler		ADDRESS 901 S. Conkling St.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

MEDICAL CERTIFICATION

11

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

52 10348
 Registered No. 52 10348

1. NAME OF DECEASED
 (Type or Print)

SAELIA BROWN

2. DATE OF DEATH Nov. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Morgue

Yrs.
 Mos.
 Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2009 McCulloh Street

8. DATE OF BIRTH

Nov. 1, 1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Calvin Brown

14. MOTHER'S MAIDEN NAME

Pearl Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Calvin Brown

18. 774x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Jaundice of newborn

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER..... ☒ ASSISTANT MEDICAL EXAMINER..... ☐ MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED Nov. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 12 1952

Huntington Williams, M.D.

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MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10349
Registered No.52 10349
BIRTH NO. *Don Res.*1. NAME OF DECEASED
(Type or Print)

MARY ANN COREY

2. DATE
OF
DEATH Nov. 12, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

417 E. 20th Street

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

12-6-48

9. AGE (in years
last birthday)

4

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

WASH. D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William COREY

14. MOTHER'S MAIDEN NAME

MARY TREATWELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WM COREY 417 E. 20th ST

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Dehydration

DUE TO Gastro-enteritis due to
Shigella Sonnei

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. F. Fisher*23B. CHIEF MEDICAL EXAMINER.....☒ M.D.
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-15-52

24C. NAME OF CEMETERY OR CREMATORY

Int. Calvary

24D. LOCATION (City, town, or county)

9. 9. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph S. Locks, Jr. 1304 N. Central

40
52 10350BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10350

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel Briley

2. DATE
OF
DEATH

11/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. CityB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)University Hospital.Yrs.
Mos.
Days

C. Length of stay in Baltimore

21 Yrs.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

N. A.

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

13. FATHER'S NAME

Wesley McGowan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215.14.8218

17. INFORMANT

ADDRESS

Eliza Johnson 2824 Baker St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardio-vascular accident.

3 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

general arteriosclerosis with

(C) DUE TO

hypertensive retinopathy, probably H.C.V.D.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/4/52, 19__, to 11/9/52, 19__, that I last saw the
deceased alive on 11/9/52, 19__, and that death occurred at 105 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/13/1952

Balto. Nat. Cem.

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1952

Huntington Williams, M.D. Elroy O. Wilson 1000 Brantley Ave

19 10 30

CERTIFICATE OF DEATH

19 10 30

Name of Deceased		Sex		Age	
Date of Birth		Place of Birth		Usual Residence	
Cause of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Registrar		Signature of Witnesses	
Date of Death		Time of Death		Place of Death	
Medical History		Social History		Family History	
Autopsy		Burial		Disposition of Body	
Remarks		Remarks		Remarks	

52 10351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10351

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence R. Gaskins

2. DATE
OF
DEATH

Nov. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Ost 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

12-05

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2

D. STREET ADDRESS (If rural, give location)

214 E. Federal St.

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-10-99

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Walter Gaskins

14. MOTHER'S MAIDEN NAME

Josephine Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Gastric Ulcer, right

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7-1952 to 11-9-1952 that I last saw the deceased alive on 11-9-1952, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/13/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Eugene O. Wilcox 1000 Brantley, Ave

ADDRESS

NOV 13 1952

VS 150

11-8-52 78099

MEDICAL CERTIFICATION

600
52 10352BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10352

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES ALPHONSUS LAUR SR.

2. DATE
OF
DEATH

11/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

July 29, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchandiser

10B. KIND OF BUSINESS OR
INDUSTRYMail Order House
Retail Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John J. Laur

14. MOTHER'S MAIDEN NAME

Carrie Liew

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215 - 07-7351

17. INFORMANT

Son

ADDRESS

Charles A. Laur, 5807 Bland Ave, Balto

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hemorrhage into ventricles
of brain.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOBIOGRAPHY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5pm 11/11, 1952 to 7:30pm 11/11, 1952, that I last saw the
deceased alive on 11/11, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/14/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1952

Huntington Williams, M.D.

VS 150

1952 11/14/52 11/11/52

09 10 45

RECEIVED BY THE DEPARTMENT OF HEALTH
OFFICE OF THE ATTORNEY GENERAL

09 10 45

U.S.G.U

235
52 10353BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10353

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELSIE G. AUSTIN

2. DATE
OF
DEATH

Nov. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5511 Park Heights Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5511 Park Heights Ave.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

- Kreglow

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. F. Austin-5511 Park Hgts. Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cardiovascular disease
myocardial infarction
coronary thrombosis

5 yrs.

2 hrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 1952, to Nov 10, 1952, that I last saw the deceased alive on Nov 10, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/13/52

Mt. Olivet Cem.

Frederick, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 13 1952

Huntington Williams, M.D.

Thm. J. Sicker & Sons

VS 150

1952001034 Paeto 17, Md.

MEDICAL CERTIFICATION

026
52 10354BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10354

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MR. JOHN ARTHUR FRICKER		2. DATE OF DEATH NOV. 12, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
b. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 18 12-02			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 3333 N. CHARLES ST. (THE CHARLES APTS)			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 24, 1878	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Oil		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME JOHN ARTHUR FRICKER		14. MOTHER'S MAIDEN NAME LOUISA MAGERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT MRS. JAMES H. RIEFLE, JR. ADDRESS 4418 UNDERWOOD RD. BALT. 18, MD.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HEMORRHAGE, brain stem DUE TO generalized arteriosclerosis		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from NOV 11, 1952 to NOV 12, 1952 , that I last saw the deceased alive on NOV 12, 1952 , and that death occurred at 12:35 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. S. Hubbard		23b. ADDRESS Union Memorial Hosp		23c. DATE SIGNED Nov 12, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/14/52		24c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24d. LOCATION (City, town, or county) (State) Pikesville, Md.		24e. DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1952		24f. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24g. FUNERAL DIRECTOR Wm. J. Vickners & Sons		24h. ADDRESS 415		24i. 1952 4045 0	

420

400

52 10355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10355

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vahle, CHAS.

2. DATE
OF
DEATH

11-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

FRANKLIN SQUARE HOSPITAL

C. Length of stay in Baltimore

8 1/2
Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lt. Detective

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Police Dept.

13. FATHER'S NAME

Henry Vahle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

8. DATE OF BIRTH

Jan. 6, 1870

9. AGE (in years
last birthday)

82

If Under 1 Year
Months: Days

10 10

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary BECKER

17. INFORMANT

ADDRESS

Hosp. CHART

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) INTESTINAL OBSTRUCTION

DUE TO

9 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CARCINOMA CAECUM INOPERABLE
DUE TO METASTASIS TO PERITONEUM

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

SENILITY; GENERALIZED ARTERIOSCLEROSIS

19A. DATE OF OPERATION

11-11-52

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA CAECUM - metastasis - inoperable

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-3, 1952, to 11-12, 1954, that I last saw the
deceased alive on 11-12, 1954, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. S. Linder

M. O.

23B. ADDRESS

Franklin Square Hosp

23C. DATE SIGNED

11-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/15/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Vickers & Sons

ADDRESS

17, Md.

52 10356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10356

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN

KELLUM

2. DATE
OF
DEATH

Nov. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2000 Barclay Street

8. DATE OF BIRTH

Jan 18, 1894

9. AGE (In years last birthday)

68

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wittman Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Kerry Burton

14. MOTHER'S MAIDEN NAME

Lucretia Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

220-03-5373

17. INFORMANT

Franklin Kellum Balto Md

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

nl.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. R. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐

23c. DATE SIGNED

Nov. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Nov. 15, 1952

24c. NAME OF CEMETERY OR CREMATORY

Copplesville Md

24d. LOCATION (City, town, or county)

Easton (Rural) Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 13 1952

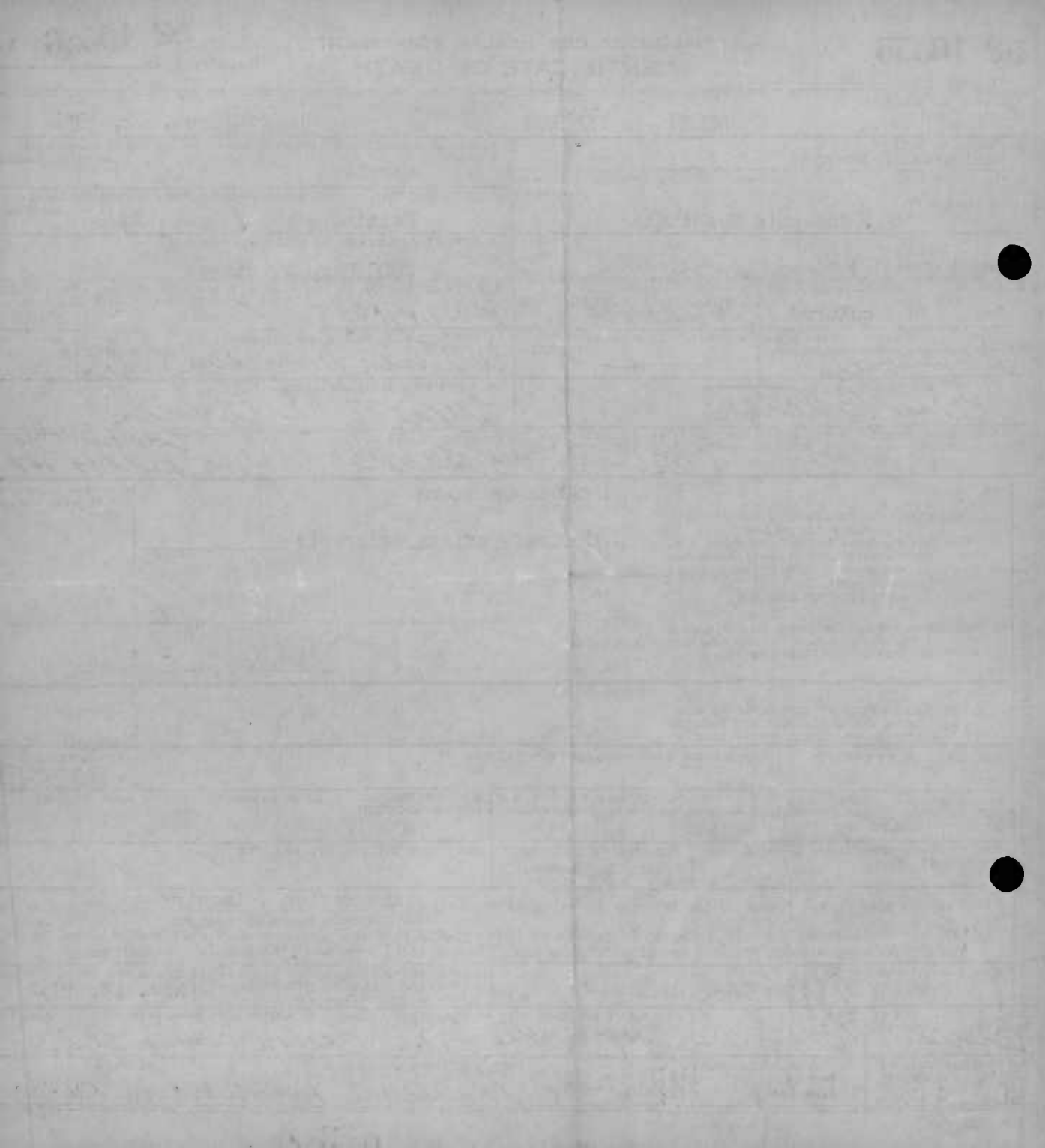
REGISTRAR'S SIGNATURE

Huntington Williams, Md

25. FUNERAL DIRECTOR

Maurice E. Newman & Son

ADDRESS



52 10357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10357

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZA CAMPBELL

2. DATE
OF
DEATH

11/9/1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE before admission)

MARYLAND

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

542 N. CAREY STREET

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

d. STREET ADDRESS (If rural, give location)

542 N. CAREY ST.

Length of stay in Baltimore

65 YRS.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

6/27/1872

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

A.A. COUNTY, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

RUDOLPH HARRIS

14. MOTHER'S MAIDEN NAME

MARY JANE HAWKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ROSE WARREN (D) 1211 W. MULBERRY ST.

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma Left Breast
with pulmonary metastasisINTERVAL BETWEEN
ONSET AND DEATH

4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerotic cardio-
vascular Disease

13 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 6.8. 1939 to 11.9. 1952 that I last saw the
deceased alive on 11.8. 1952, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

James M. Pair

M. D.

400 N. Carrollton Ave

11.12.52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

BURIAL

11/13/52

ARBUTUS MEM'L. PK.

BALTO. COUNTY, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Charles H. Cooper - 512 N. Carrollton Ave.

10/10/50

MEMORANDUM

TO THE DIRECTOR

FROM THE CHIEF OF THE BUREAU OF THE ARMY

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

52 10358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10358
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Caroline V Bavis.

2. DATE
OF
DEATH

Nov 11, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1357 Gorsuch Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1357 Gorsuch Ave

E. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

April 25 1877

9. AGE (In years
last birthday)

75

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Wood

14. MOTHER'S MAIDEN NAME

Eleanor Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

**

**

16. SOCIAL
SECURITY NO.

**

17. INFORMANT

ADDRESS

Mrs James Glenn (Niece) 1357 Gorsuch Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardio-Vascular
Disease

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1952, to 11-10, 1952, that I last saw the
deceased alive on 11-9, 1952, and that death occurred at 1 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

11 E. Chase St

23C. DATE SIGNED

11-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Melville Jenkins 2713 Kirk Ave

VS 150

MEDICAL CERTIFICATION

85002 52

CHURCHILL STATE OF NEW YORK

85002 52

620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 10359**BIRTH NO. **52 10359**

1. NAME OF DECEASED (Type or Print) Mary Richards Price			2. DATE OF DEATH November 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1383 Woodyear St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 15-01		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1383 Woodyear St.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 12/10/81		9. AGE (in years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Annie Sommerville 1383 Woodyear St.		

18. 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive Heart DUE TO Diabetes			INTERVAL BETWEEN ONSET AND DEATH 6 yrs. 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 300 1948 11-11- , 19 52 , that I last saw the deceased alive on 19 , and that death occurred at 300 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE George C. Page		23B. ADDRESS 1816 N. Mount St	23C. DATE SIGNED 11-13-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11/16/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.
VS 150		Geo. G. Kelson

260

52 10360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10360

Registered No.

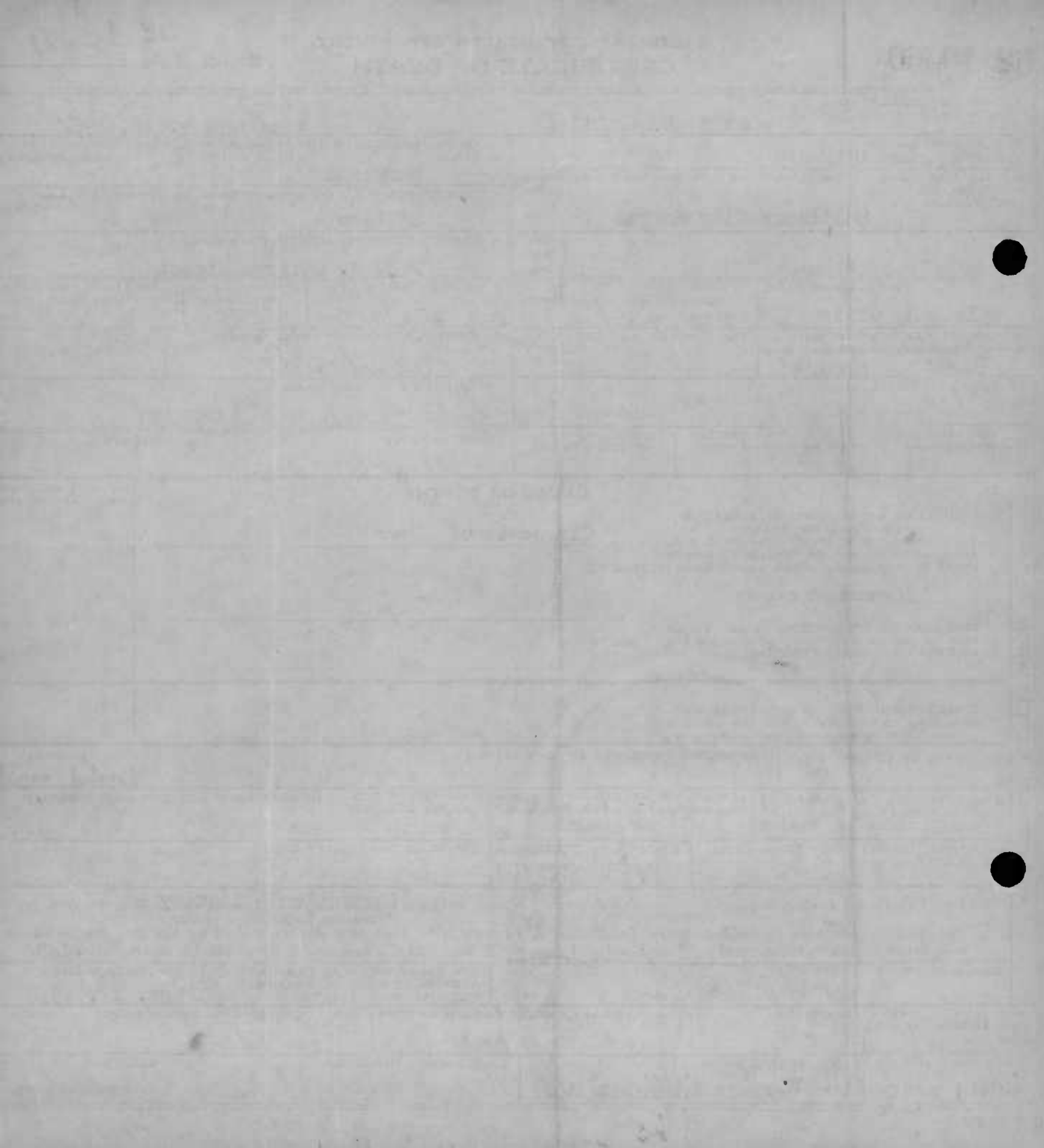
1. NAME OF DECEASED (Type or Print) URNER E. BUSER		2. DATE OF DEATH Nov. 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2107 N. Calvert Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 10, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paperhanger		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Thomas H. Buser		14. MOTHER'S MAIDEN NAME Laurena Boggs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Wife		ADDRESS	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of liver (A) CAUSE OF DEATH DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 12, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/13/52	24C. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem. Flintstone	24D. LOCATION (City, town, or county) (State) Ind.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George Funeral Home ADDRESS Cumberland Ind.		



260

52 10361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10361
Registered No.

1. NAME OF DECEASED (Type or Print) MR. ROAM FRANKLIN SWISHER			2. DATE OF DEATH NOV. 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DUNDALK 22 5353		
Length of stay in Baltimore Co. 30 yrs.			D. STREET ADDRESS (If rural, give location) 104 OLD NORTH POINT ROAD		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 1, 1900	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED		10B. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JAMES S. SWISHER			14. MOTHER'S MAIDEN NAME ANNA FRIDLEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. BERTIE M. SWISHER (WIFE) SAME		
18. 464X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Pulmonary embolism DUE TO (B) Thrombophlebitis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCTOBER 25, 1952 to NOVEMBER 11, 1952 , that I last saw the deceased alive on NOV. 11, 1952 , and that death occurred at 5:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Georgia Reynolds		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 11/11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 14 - 52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) Eastern Ave. Balt Md					
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1952		REGISTRAR'S SIGNATURE Huntington W. ...		25. FUNERAL DIRECTOR ADDRESS John S. Connelly	

MEDICAL CERTIFICATION

VS 150

6435 52 010352

STATE OF TEXAS
COUNTY OF DALLAS

1901

WITNESSES

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

NOTARY PUBLIC

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NOTARY PUBLIC

420
52 10362BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10362
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ruth Wallace</i>		2. DATE OF DEATH <i>Nov. 12, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>12-06</i>			
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>Med. Dept. 4</i> JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore Yrs. <i>12</i> Mos. <i>06</i> Days		D. STREET ADDRESS (If rural, give location) <i>2303 Maryland Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>7/9/1914</i>	9. AGE (In years last birthday) <i>38</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Caterer</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
13. FATHER'S NAME <i>Harris</i>		14. MOTHER'S MAIDEN NAME <i>Rachel Esaines</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>037X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Perineal + Gluteal Ulcer</i> DUE TO <i>? Ecthyma</i> (B) <i>? Lymphopathia venereum</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i> <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Sub Acute Bacterial endocarditis ? 3 wks</i>		
19A. DATE OF OPERATION <i>11/12/52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>10/23</i> , 19 <i>52</i> , to <i>11/12</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>11/12</i> , 19 <i>52</i> , and that death occurred at <i>2:50 PM</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>Thomas P. Hendrix</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/12/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 17, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 13 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Shallard Funeral Home</i>		ADDRESS <i>1601 Daniel Hill Ave</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED
SEX
AGE
DATE OF BIRTH
PLACE OF BIRTH

CAUSE OF DEATH
Manner of death
Immediate cause
Underlying cause
Contributing causes

Signature of attending physician
Signature of medical examiner
Signature of coroner
Signature of registrar

DATE OF DEATH
PLACE OF DEATH

Signature of registrar

Signature of registrar

Signature of registrar

Signature of registrar

Signature of registrar

J-525
AB-164804
52 10353

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10363

Registered No. _____

1. NAME OF DECEASED (Type or Print) John Johnson		2. DATE OF DEATH Nov. 9-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore ? Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1422 S. Hanover St. zone 30	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 22, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Night Watchman		10B. KIND OF BUSINESS OR INDUSTRY Md. Car Wheel Co.	9. AGE (In years last birthday) 67
13. FATHER'S NAME (M)		11. BIRTHPLACE (State or foreign country) Norway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME _____	
17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.		18. CAUSE OF DEATH Terminal Carcinoma	
19. DATE OF OPERATION 11-9-52		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Terminal Carcinoma	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Terminal Carcinoma		21D. TIME (Month) (Day) (Year) (Hour) 11-9-52	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Terminal Carcinoma	
22. I hereby certify that I attended the deceased from 11-9-52 to 11-9-52 , that I last saw the deceased alive on 11-9-52 , and that death occurred at 11:20 AM from the causes and on the date stated above.		23A. SIGNATURE H. Johnson	
23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 11/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/14/52	
24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 13 1952		25. FUNERAL DIRECTOR Wm. Cook, Inc.	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 1217 St. Paul Street	

MEDICAL CERTIFICATION

763305 10354

CALIFORNIA COUNTY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH

STATE

CAUSE OF DEATH

DECEASED TO CORONER'S CUSTODY
BY THE COUNTY HEALTH DEPARTMENT
ON THE DAY OF DEATH
AND TO BE EXAMINED BY THE
CORONER AT HIS OFFICE
ON THE DAY OF EXAMINATION
THE DEATH WAS CAUSED BY
NATURAL CAUSES
AND THE DECEASED WAS
NOT A SUICIDE OR A VICTIM
OF A CRIME

DEATH CERTIFICATE

THE DEATH WAS CAUSED BY

THE DEATH WAS CAUSED BY

THE DEATH WAS CAUSED BY

THE DEATH WAS CAUSED BY

THE DEATH WAS CAUSED BY

THE DEATH WAS CAUSED BY

THE DEATH WAS CAUSED BY

52 10364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

PAULINE E. GOGGIN

2. DATE
OF
DEATH

11/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

SINAI HOSPITAL of Baltimore, Inc.

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1202 E. HOFFMAN STREET

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

JUNE 18, 1908

9. AGE (In years last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET. - CHECKER

10B. KIND OF BUSINESS OR INDUSTRY

CARR LOWERY GLASS CO

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

LEON K. GOGGIN, 1202 E. HOFFMAN ST.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Generalized CARCINOMATOSIS

DUE TO

ANTECEDENT CAUSES

(B)

CANCER OF RIGHT BREAST

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 11/11/52, 1952, to 11/12/52, 1952, that I last saw the deceased alive on 11/11/52, 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

399 250 010355

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

7-620
52 10365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10365
Registered No.

1. NAME OF DECEASED (Type or Print)		HAZELTON T. PRICE (Alias HASTON T. PRICE)		2. DATE OF DEATH Nov. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		23-02	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 909 S. Charles Street			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1894	9. AGE (In years last birthday) 58	10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (State or foreign country) Cambridge, Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME William Price		14. MOTHER'S MAIDEN NAME Maggie Dunn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. W. W. I		17. INFORMANT ADDRESS Mrs. Flossie Price, 909 S. Charles Street	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

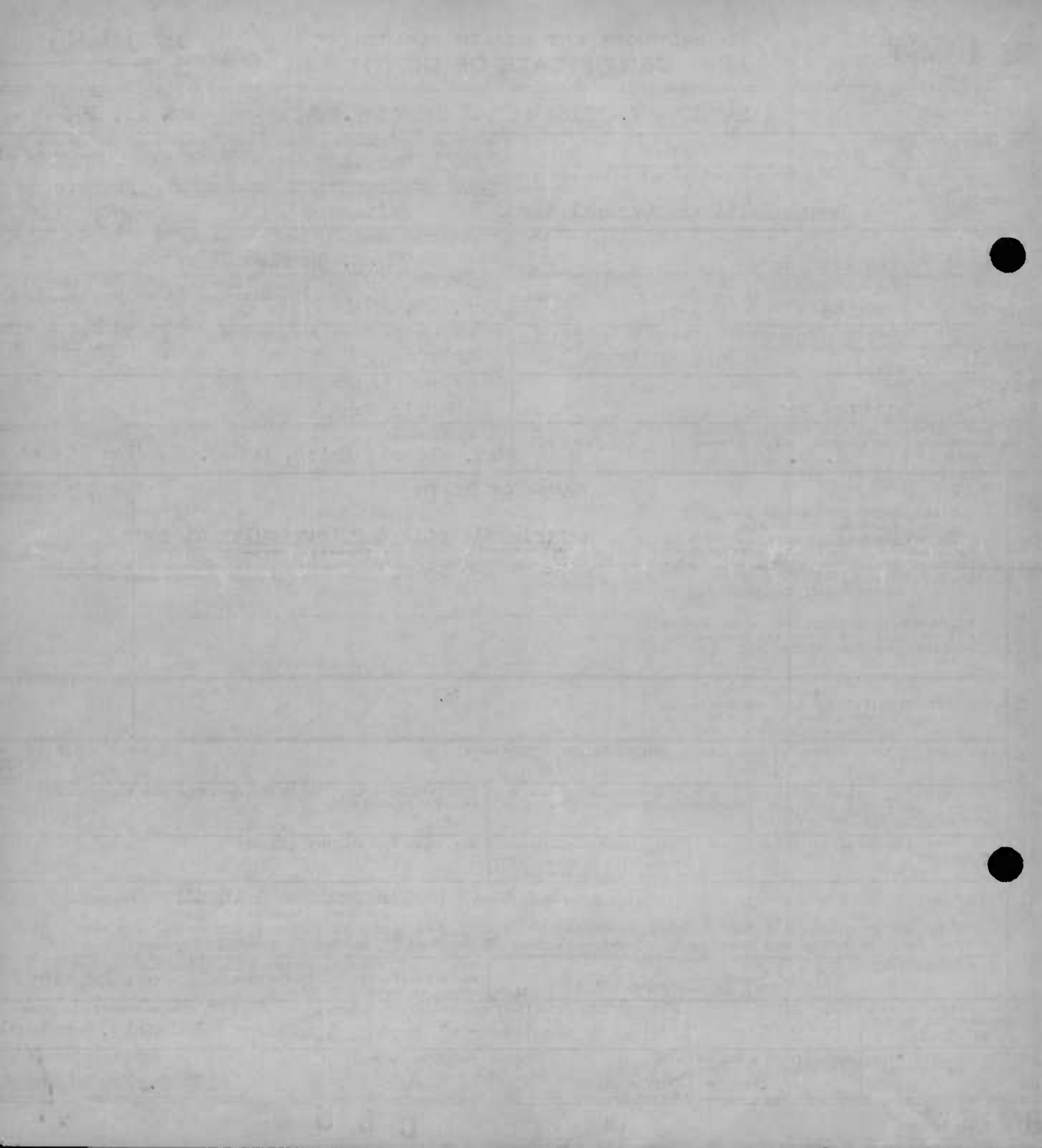
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher M.D.	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Nov. 12, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/15/52	24C. NAME OF CEMETERY OR CREMATORY Glen Haven Memorial Park
24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street

NOV 13 1952

56424 1 0 3 5 6

MEDICAL CERTIFICATION



M-610

52 10366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10366

Registered No.

1. NAME OF DECEASED
(Type or Print)

JAMES T. MURPHY

2. DATE
OF
DEATH

Nov. 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1828 Belt Street

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Feb. 6, 1933

9. AGE (In years
last birthday)

19

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Koesters Bakery

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Robert L. Murphy

14. MOTHER'S MAIDEN NAME

Edith M. Goetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edith M. Goetz, 719 Rosedale Street

18. E823.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Shock

DUE TO Crushing injury of abdomen with
rupture of bladder and colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-11-52

19B. MAJOR FINDINGS OF OPERATION

Rupture of bladder and colon

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

Furnace Branch Rd.-Glen Burnie, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 10, 1952 10:00 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Driver of auto
crashed into pole22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. J. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Nov. 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/14/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

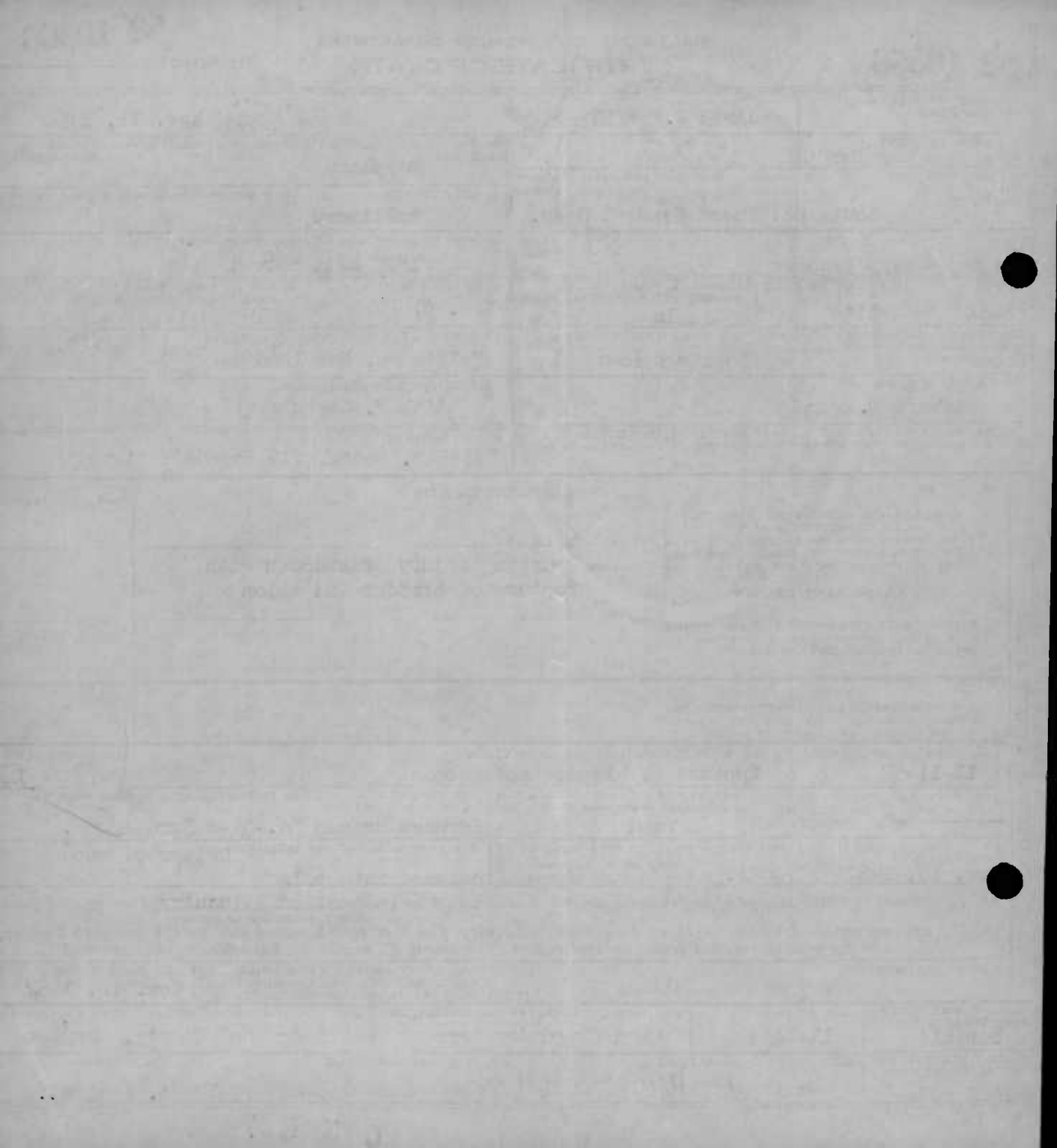
ADDRESS

Wm. Cook, Inc., 1217 St. Paul St.

VS 151

N867.2

9784K 010357



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10367
Registered No. _____

2-100

52 10367

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles J. Lippy			2. DATE OF DEATH November 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1400 Dellwood Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 years			D. STREET ADDRESS (If rural, give location) 1400 Dellwood Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1881	9. AGE (In years last birthday) 71	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Transit Co.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME William D. Lippy			14. MOTHER'S MAIDEN NAME Sarah C. Fieser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-09-3594	17. INFORMANT ADDRESS John J. Lippy 1400 Dellwood Avenue		

18. **420.0 and 260x**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Arteriosclerosis of Heart 10 years
Long Heart Failure 2 weeks
Diabetes Mellitus 20 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 7, 1952**, to **Nov 11, 1952**, that I last saw the deceased alive on **Nov 11, 1952**, and that death occurred at **11:35 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Horace F. Burgee M. D.	23B. ADDRESS 848 W 36th St	23C. DATE SIGNED 11/12/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 15, 1952	24C. NAME OF CEMETERY OR CREMATORY Kriders
DATE RECEIVED BY LOCAL REGISTRAR Nov 13 1952	REGISTRAR'S SIGNATURE Huntington Williams M.D.	24D. LOCATION (City, town, or county) (State) Carroll Co., Maryland
25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road		

E-321
52 10368
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10368
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Maude Edgefield</i>		2. DATE OF DEATH <i>Nov. 9, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>4-02</i>	
Length of stay in Baltimore <i>11</i> Yrs. <i>11</i> Mos. <i>11</i> Days		D. STREET ADDRESS (If rural, give location) <i>615 Lexington Street</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Sept. 6, 1941</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>William Edgefield</i>		14. MOTHER'S MAIDEN NAME <i>Pearl McCray</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Pearl Edgefield</i>		ADDRESS <i>615 W. Lexington Ave.</i>	
18. <i>298.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Portal cirrhosis</i> DUE TO (B) <i>Baile's syndrome</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs.</i>		II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>11/13/1952</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept. 14, 1952</i> to <i>Nov. 9, 1952</i> , that I last saw the deceased alive on <i>Nov. 9, 1952</i> , and that death occurred at <i>12:45 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>C. E. Stennett</i>		23B. ADDRESS <i>University Hospital</i>	
23C. DATE SIGNED <i>11/9/52</i>		23D. LOCATION (City, town, or county) (State)	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/13/1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St. Luke's Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
25. FUNERAL DIRECTOR <i>Mr. Kater R. Ryland</i>		ADDRESS <i>322 N. Schenck St.</i>	

MEDICAL CERTIFICATION

NOV 12 1952
VS 150

STATEMENT OF DEATH
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Age at Death		Sex	
Cause of Death		Occupation	
Signature of Physician		Signature of Registrar	
Date of Statement		Place of Statement	

H-432
52 10369BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10369
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ELIZABETH C. HOLTZ	
2. DATE OF DEATH Nov. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4606 Lawn Park Rd.	
C. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 12, 1908
9. AGE (In years last birthday) 44	10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswoman	10B. KIND OF BUSINESS OR INDUSTRY Dept. Store
11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Holtz	14. MOTHER'S MAIDEN NAME Nannie C. Hod
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -	16. SOCIAL SECURITY NO.
17. INFORMANT Mr. John Holtz-4606 Lawn Park Rd.	ADDRESS
18. 170 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardiac Periparturient failure DUE TO Antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Uncontrolled blood pressure & arteriosclerosis II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 12-11-52	19B. MAJOR FINDINGS OF OPERATION Periparturient blood
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	22. I hereby certify that I attended the deceased from 11/11/52 , 1952 to 12/11/52 , 1952 that I last saw the deceased alive on 12-11-52 and that death occurred at 4:40 p.m. , from the causes and on the date stated above.
23A. SIGNATURE William Bryan M.D.	23B. ADDRESS 1403 E. Broadway
23C. DATE SIGNED 13 Nov 52	24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 11/13/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State) Pikesville, Md.	25. FUNERAL DIRECTOR Wm. J. Tiekner & Sons
25. ADDRESS Balto 17, Md.	VS 150

D-425

52 10370

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10370

Registered No.

BIRTH NO. 52-26942

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

St. Agnes Hospital

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 4-01
611 E. Baltimore St. #23

8. DATE OF BIRTH

11/7/52

9. AGE (In years last birthday)

10

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Ederice Stemmer

17. INFORMANT

ADDRESS

18. 776x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Poisoning

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Edward Casper

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

11/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11/11/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. FAHEY & SONS 401 SUFFOLK Rd. - 18

52 2001 0361

MEDICAL CERTIFICATION

0001 S

TRANS-AMERICAN
HARDWARE

0001 S

CAUSE OF DEATH

DEATH OF

DEATH OF

DEATH OF

DEATH OF

DEATH OF

DEATH OF

William H. H. H.

William H. H. H.

52 10371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10371

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lemuel Kifer.

2. DATE
OF
DEATH

Nov 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5260 Cordelia Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 2, 1893

9. AGE (In years
last birthday)

59

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Oiler

10B. KIND OF BUSINESS OR
INDUSTRY

Western Electric

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

1st W.W. Infantry.

16. SOCIAL
SECURITY NO.

215 03 4017

17. INFORMANT

ADDRESS

Mrs. Anna Kifer, 5260 Cordelia Ave.

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic myocarditis & coronary
insufficiency

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Thrombosis

8 mos.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1952, to Nov 12, 1952, that I last saw the
deceased alive on Nov 12, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Harry Ashman

M. D.

23B. ADDRESS

3700 Garrison Blvd

23C. DATE SIGNED

11/12/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 14/52

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

Frederick Rd. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

OV 13 1952 Huntington Williams, M.D. Austin E. Donovan 3818 Roland Ave.

25 NOV 1952

25 NOV 1952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Isaiah Miller

Nov 18, 1952

Baltimore

3230 Cordelia Ave.

3230 Cordelia Ave.

30

Nov 2, 1952

Married

White

Male

England

Western Electric

Other

Unknown

Unknown

3230 Cordelia Ave. Baltimore, Md. 21206

Isaiah Miller

Registrar

Isaiah Miller

Nov 19, 1952

Isaiah Miller

10-10-1945

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

10-10-1945

10-10-1945

10-10-1945

10-10-1945

10-10-1945

10-10-1945

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10-10-1945

10-10-1945

G-624
52 10373BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10373

BIRTH NO. *Not Rec.*1. NAME OF DECEASED
(Type or Print)*Diana Isrizzle*2. DATE
OF
DEATH*Nov. 13, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

B. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)

C. STATE

D. COUNTY

V-16

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

New Orleans

D. STREET ADDRESS (If rural, give location)

1102 Florida Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Isrizzle

14. MOTHER'S MAIDEN NAME

*Pauline Moser*15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *756.2*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Thrombosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Congenital Atherosclerosis*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Pneumonia -*19A. DATE OF OPERATION
11/11/52.

19B. MAJOR FINDINGS OF OPERATION

Coronary Thrombosis. Absence of Bile Ducts.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/3*, 19*52* to *11/13*, 19*52* that I last saw the
deceased alive on *11/13*, 19*52* and that death occurred at *4:35 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*NOV 13 1952**H. H. Williams, M.D.**Ulrich Funeral Home 2604 Calver*

620
52 10374BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 10374

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

May E. Harris

2. DATE
OF
DEATH

Nov. 13/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. COUNTY

Frederick

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Frederick

D. STREET ADDRESS (If rural, give location)

Route 3

6000

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-5-1922

9. AGE (In years
last birthday)

30

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steamfitter

10B. KIND OF BUSINESS OR
INDUSTRY

Frederick Iceberg Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel E. Harris

14. MOTHER'S MAIDEN NAME

Mabel Wastler

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-14-6263

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 445X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Malignant Hypertension

DUE TO

5 years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30, 1952, to 11/13, 1952, that I last saw the
deceased alive on 11/13, 1952, and that death occurred at 6:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Carol H. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-16-1952

24C. NAME OF CEMETERY OR CREMATORY

Pleasant Hill

24D. LOCATION (City, town, or county)

Frederick

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

Huntington Williams, M. R. Etchison, Son Frederick Md

FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
CERTIFICATE OF DEATH

100-100000

1. NAME OF DECEASED <i>John Doe</i>		2. DATE OF DEATH <i>10/10/1960</i>	
3. PLACE OF DEATH <i>Home</i>		4. CAUSE OF DEATH <i>Heart Disease</i>	
5. PLACE OF BIRTH <i>New York, N.Y.</i>		6. DATE OF BIRTH <i>10/10/1900</i>	
7. SEX <i>Male</i>		8. RACE <i>White</i>	
9. OCCUPATION <i>Teacher</i>		10. MARITAL STATUS <i>Married</i>	
11. EDUCATION <i>High School</i>		12. RELIGION <i>Catholic</i>	
13. SIGNATURE OF DECEASED <i>John Doe</i>		14. SIGNATURE OF WITNESS <i>John Doe</i>	
15. SIGNATURE OF PHYSICIAN <i>John Doe</i>		16. SIGNATURE OF CLERGYPERSON <i>John Doe</i>	
17. SIGNATURE OF CORONER <i>John Doe</i>		18. SIGNATURE OF JURY <i>John Doe</i>	
19. SIGNATURE OF JUDGE <i>John Doe</i>		20. SIGNATURE OF DISTRICT ATTORNEY <i>John Doe</i>	
21. SIGNATURE OF COUNTY CLERK <i>John Doe</i>		22. SIGNATURE OF STATE CLERK <i>John Doe</i>	
23. SIGNATURE OF SECRETARY OF DEPARTMENT OF JUSTICE <i>John Doe</i>		24. SIGNATURE OF PRESIDENT <i>John Doe</i>	

52 10375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10375

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Lee Low

2. DATE
OF DEATH

Nov. 12. 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland Balto. City

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1903 Jefferson Street

Yrs.
Mos.
Days

c. Length of stay in Baltimore 9 Months

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1903 Jefferson St

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

South Hampton Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Materson Low

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marie Handy 1903 Jefferson St

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Myocardial Infarction
Coronary Heart Disease

7 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5 1952 to Nov 12 1952, that I last saw the deceased alive on Nov 11 1952 and that death occurred at 430 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/15/1952

Coartland Cem.

Coartland Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

Huntington Williams, M.D.

Elroy O. Wilson 1000 Brantley Ave

VS 150

9700 991 0366

AVE

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO.

DATE

FILE NO.

NAME

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

DATE OF DEATH

TIME

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

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DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

55
52 10376BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

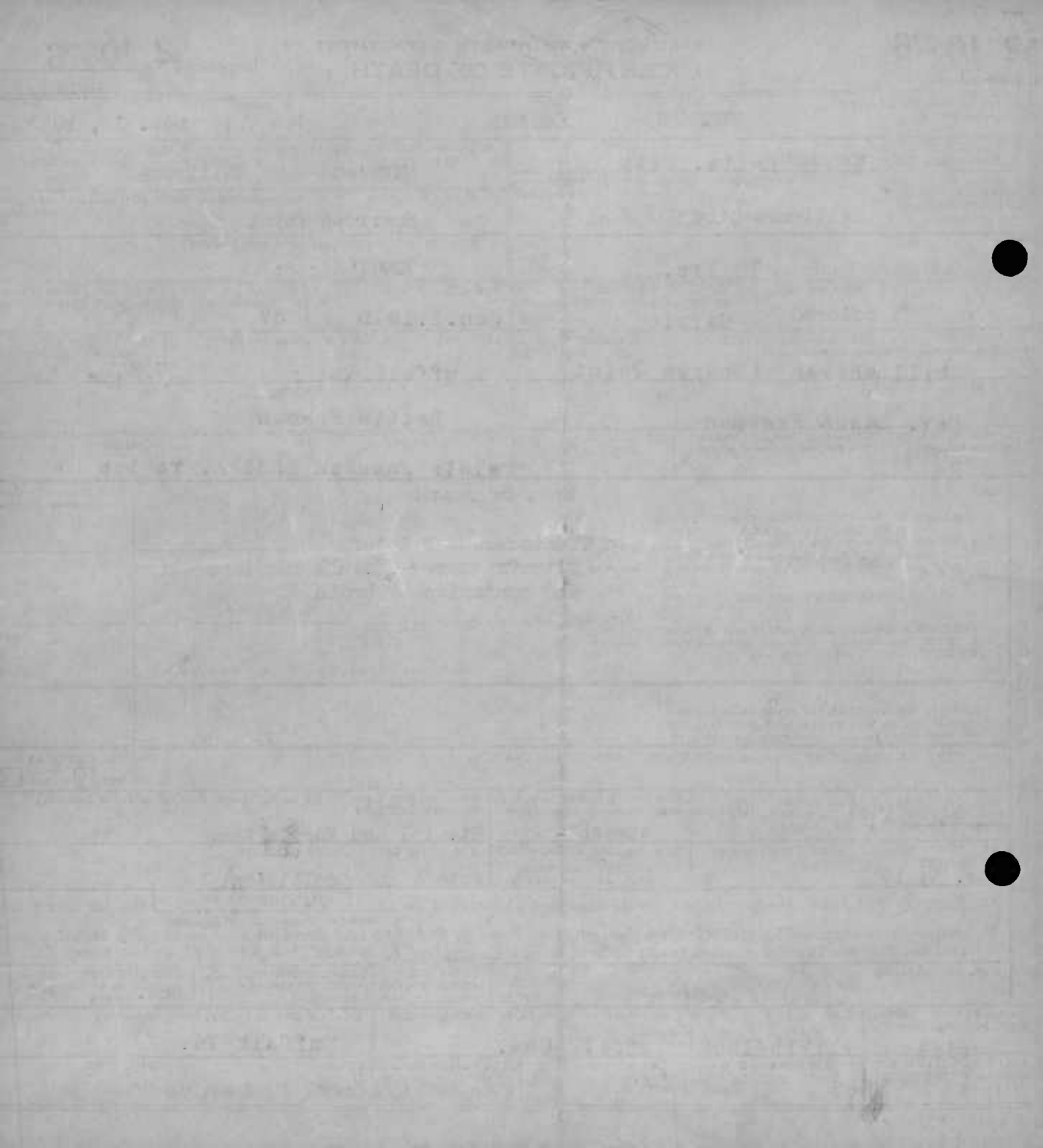
Registered No. 52 10376

BIRTH NO.		THURMAN FREEMAN		2. DATE OF DEATH Nov. 12, 1952	
1. NAME OF DECEASED (Type or Print)					
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baltimore City Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sparrows Point</u>			
Length of stay in Baltimore <u>10 Yrs.</u>		D. STREET ADDRESS (If rural, give location) <u>709 I Street</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 1. 1915</u>	9. AGE (In years last birthday) <u>37</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Skill Laborer</u>			11. BIRTHPLACE (State or foreign country) <u>Suffolk Va</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>Sparrow Point</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.AA</u>		
13. FATHER'S NAME <u>Rev. Lasha Freeman</u>			14. MOTHER'S MAIDEN NAME <u>Bettie Freman</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		
			17. INFORMANT <u>Delois Johnson</u>		
			ADDRESS <u>1531 E. Preston St</u>		

18. <u>ES16.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Craniocerebral injury</u> DUE TO <u>with fracture of skull and laceration and contusion of brain</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Rt. 151 and Norris Lane</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Nov. 5, 1952</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Auto & auto collision</u>	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>R. B. Fisher</u>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <u>Nov. 12, 1952</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11/15/1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Suffolk Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Suffolk Va.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 14 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington</u>	25. FUNERAL DIRECTOR <u>Elroy Wilson</u>	
ADDRESS <u>1000 Bunting</u>			



620
52 10377

52 10377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Nellie G. Harris</i>		2. DATE OF DEATH <i>Nov. 12, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 6-05</i>			
D. STREET ADDRESS (If rural, give location) <i>10 N. Bond St.</i>		5. LENGTH OF STAY IN BALTIMORE <i>27 Yrs.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 27, 1892</i>	9. AGE (In years last birthday) <i>60</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Lewis Watson</i>		14. MOTHER'S MAIDEN NAME <i>Lucy Watson</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia -</i> CAUSE OF DEATH (A) <i>Pneumonia -</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cerebral vascular accident</i> (B) <i>Cerebral vascular accident</i> DUE TO <i>Jaundice, cause undetermined</i> (C) <i>Jaundice, cause undetermined</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days -</i> <i>3.5 days.</i> <i>4 days</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/8</i> , 19 <i>52</i> to <i>11/12</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>11/12</i> , 19 <i>52</i> , and that death occurred at <i>7.30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard A. Keller</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/12/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/15/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Norliner Cem.</i>	
24D. LOCATION (City, town, or county) <i>Norliner N.C.</i>		24E. FUNERAL DIRECTOR <i>Thoy Wilson</i>		24F. ADDRESS <i>1000 Bunting Ave</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 14 1952</i>		24H. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24I. ADDRESS	

MEDICAL CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED MICHAEL J. BROWN		2. SEX Male		3. AGE 45	
4. DATE OF DEATH 10/15/1968		5. TIME OF DEATH 10:30 AM		6. PLACE OF DEATH Home	
7. CAUSE OF DEATH Myocardial Infarction		8. MANNER OF DEATH Natural		9. PLACE OF BIRTH Los Angeles, California	
10. OCCUPATION Salesman		11. MARITAL STATUS Married		12. EDUCATION High School	
13. PREVIOUS ILLNESS Hypertension		14. PRESENT ILLNESS Chest pain		15. PHYSICIAN Dr. J. A. Smith	
16. SIGNATURE OF DECEASED (None)		17. SIGNATURE OF WITNESS (None)		18. SIGNATURE OF PHYSICIAN (None)	
19. SIGNATURE OF REGISTRAR (None)		20. SIGNATURE OF COUNTY CLERK (None)		21. SIGNATURE OF STATE CLERK (None)	

52 10378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10378

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. WALTON MAYD WELL TERRELL

2. DATE
OF
DEATH

NOV. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

Harford

C. CITY OR TOWN

STREET

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

SEPT 3, 1870

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM TERRELL

14. MOTHER'S MAIDEN NAME

RACHEL GATCHELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or no known) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ~~MRS. ALICE TERRELL (WIFE)~~ ~~DAUGHTER~~

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Rupture of left ventricle
of heart
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) myocardial infarction
DUE TO(C) generalized and coronary
arteriosclerosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 13, 1952, to NOV. 13, 1952, that I last saw the
deceased alive on NOV. 13, 1952, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Hubbard

23B. ADDRESS

Union Memorial Hosp. Nov 13, 1952

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

Huntington Williams, M.D.

John D. Perkins Beltsville

25-10-57

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL

25-10-57

0 2 0

614
52 10379BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10379

Registered No.

BIRTH NO. 52-27121

1. NAME OF DECEASED
(Type or Print)

BABY BOY FRAVEL

2. DATE
OF
DEATH

November 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore-13

D. STREET ADDRESS (If rural, give location)

117 Gunbarton Road

5300

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

November 7, 1952

9. AGE (In years
last birthday)

If Under 1 Year

Months

If Under 24 Hours

Hours Min.

13 28

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Richard Fravel

14. MOTHER'S MARRIAGE NAME

Dorothy Temple Shaver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 759.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anoxia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

At birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Multiple Congenital anomalies.

DUE TO

At birth.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Unknown Causes.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-7, 1952, to 11-7, 1952, that I last saw the
deceased alive on 11-7, 1952, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Wm. E. Savage

M. D.

6 East Real St.

11-7-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 13 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

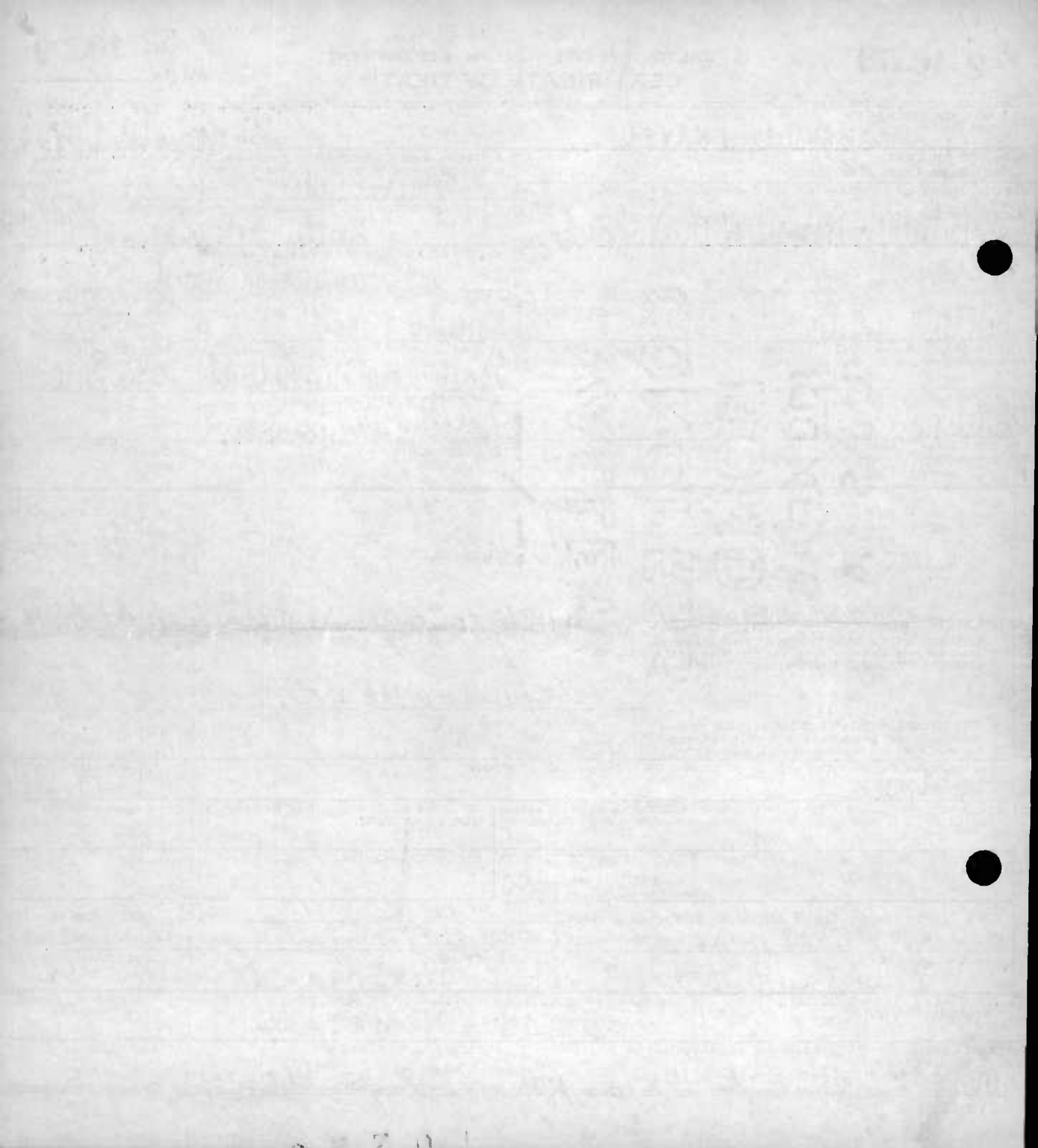
25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

Huntington Williams, M.D.

Huntington Williams, M.D.



253
52 10380BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10380
Registered No.

BIRTH NO. 52-26606

1. NAME OF DECEASED
(Type or Print)

Rosenthal, Baby Boy

2. DATE
OF
DEATH

11-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Doctors Hospital

3234 N. Chas. St. Baltimore 18, Md.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Baby

8. DATE OF BIRTH

11-1-52

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

3 11

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Earl D. Rosenthal

14. MOTHER'S MAIDEN NAME

Lily Diane Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 752X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-52, 1952 to 11-1-52, 1952, that I last saw the
deceased alive on Nov 1, 1952, and that death occurred at 5:41 PM, from the causes and on the date stated above.

23A. SIGNATURE

J. M. Williams, M.D.

23B. ADDRESS

273077 Charles

23C. DATE SIGNED

11/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

Huntington Williams, M.D. Huntington Williams, M.D.

02150

HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1915

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Signature of physician

8. Signature of registrar

9. Signature of witness

10. Signature of coroner

11. Signature of jury

12. Signature of jury

13. Signature of jury

14. Signature of jury

15. Signature of jury

16. Signature of jury

17. Signature of jury

18. Signature of jury

19. Signature of jury

20. Signature of jury

21. Signature of jury

22. Signature of jury

23. Signature of jury

24. Signature of jury

25. Signature of jury

26. Signature of jury

27. Signature of jury

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93. Signature of jury

94. Signature of jury

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96. Signature of jury

97. Signature of jury

98. Signature of jury

99. Signature of jury

100. Signature of jury

300
52 10381BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10381
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH WHITE

2. DATE
OF
DEATH

10/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

PROVIDENT HOSP.

C. Length of stay in Baltimore

47 Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

CALVERT WHITE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

16-02

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE, MD.

D. STREET ADDRESS (If rural, give location)

1512 LAFAYETTE AVE.

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

NORTH CAROLINA

U.S.A.

14. MOTHER'S MAIDEN NAME

HANNAH

17. INFORMANT

ADDRESS

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) INANITION & DEHYDRATION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of Pancreas

DUE TO

(C) with generalized metastases

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24, 1952, to 10/23, 1952, that I last saw the
deceased alive on 10/23, 1952, and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

520010372

100-443887-100

36
State 52 10382
Anatomical

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10382
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>J Les Merriweather</i>		2. DATE OF DEATH <i>Oct 26, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>3-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4258 Bond St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>11-20-1891</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>60</i>
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Alexander Brady</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Dolton</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS ✓	

18. <i>163X and .002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>? Carcinoma of the left lung</i> (A) DUE TO	CAUSE OF DEATH <i>? Carcinoma of the left lung</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>? Pulmonary tuberculosis</i>		

19A. DATE OF OPERATION ✓	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>10/23</i> , 19 <i>52</i> , to <i>10/26</i> , 19 <i>52</i> that I last saw the deceased alive on <i>10/26</i> , 19 <i>52</i> , and that death occurred at <i>4:30 P. M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Alexander H. Woods</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i> M. D.	23C. DATE SIGNED <i>10-27-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL</i>	24D. LOCATION (City, town, or county) (State) <i>NOV 7 1952</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	ADDRESS

52 10382

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *Jan 15 1900*
5. Place of birth: *New York City*
6. Usual residence: *123 Main St, New York City*
7. Date of death: *Dec 10 1945*
8. Time of death: *10:30 AM*
9. Place of death: *Home*
10. Cause of death: *Heart Disease*

11. Signature of physician: *John Doe*
12. Signature of registrar: *John Doe*
13. Signature of undertaker: *John Doe*

14. Signature of coroner: *John Doe*
15. Signature of medical examiner: *John Doe*
16. Signature of health officer: *John Doe*

17. Signature of registrar: *John Doe*
18. Signature of undertaker: *John Doe*
19. Signature of coroner: *John Doe*
20. Signature of medical examiner: *John Doe*
21. Signature of health officer: *John Doe*

30

52 10383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10383

1. NAME OF DECEASED (Type or Print) Cosmo Abate		2. DATE OF DEATH November 11/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 301 S. Exeter St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 61 Yrs.		D. STREET ADDRESS (If rural, give location) 301 S. Exeter St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 13/74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Owner		10B. KIND OF BUSINESS OR INDUSTRY Tavern	9. AGE (In years last birthday) 77
13. FATHER'S NAME Carlo Abate		11. BIRTHPLACE (State or foreign country) Gropoli-Salerno-Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Filomena Guarilla	
17. INFORMANT Anthony Abate		ADDRESS 601 First St. Eastport Md.	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident 5 days DUE TO Cerebral arterio sclerosis Hypertension ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 5 days	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 6 , 19 52 , to Nov 11 , 19 52 , that I last saw the deceased alive on Nov. 11 , 19 52 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Paul J. [Signature]		23B. ADDRESS 322 S. High St.	
23C. DATE SIGNED 11/15/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 15 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
		FUNERAL DIRECTOR Frank Della Noce	
		ADDRESS 322 S. High St.	

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MEDICAL CERTIFICATION

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RECEIVED

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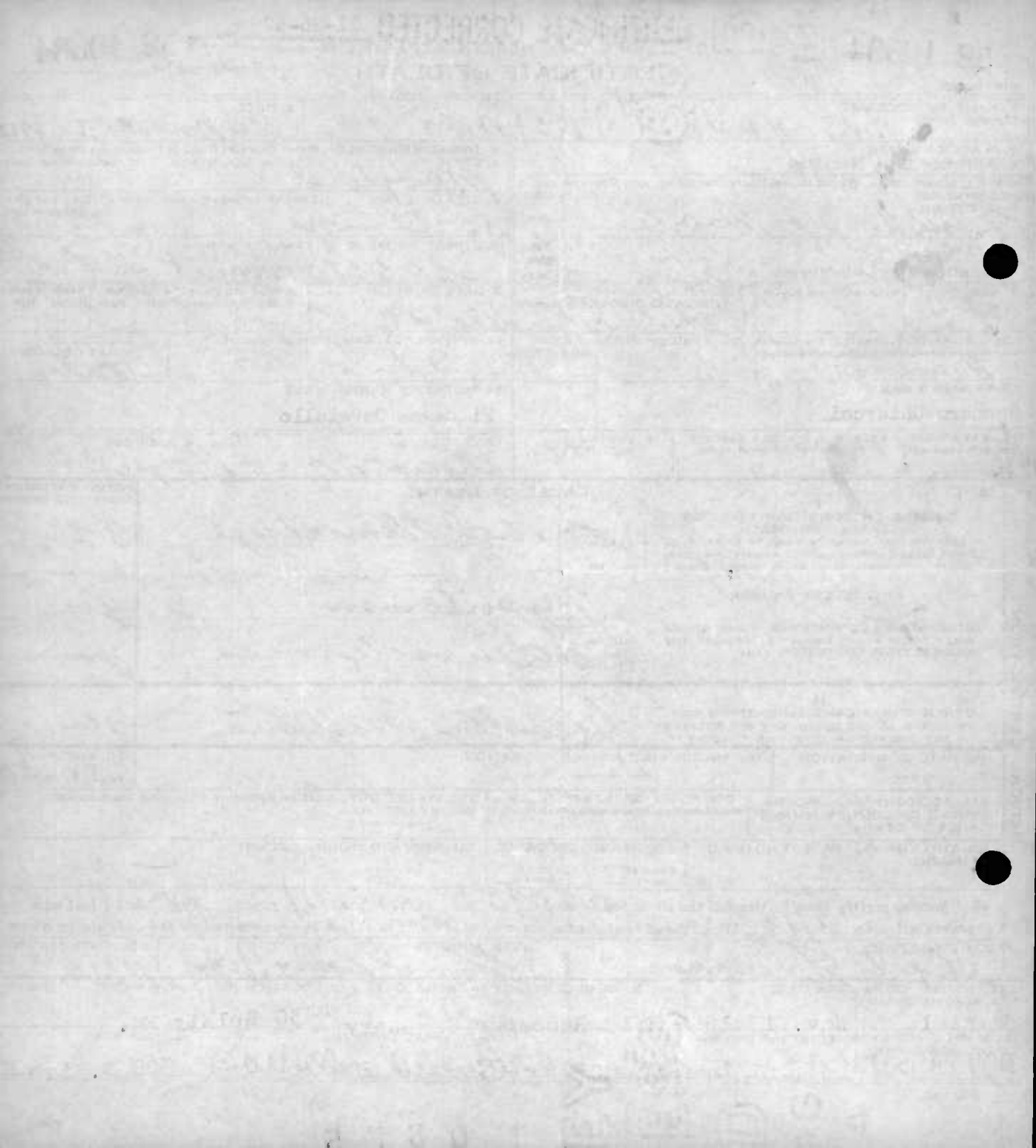
1941

1941

1. NAME OF DECEASED (Type or Print) <u>MRS. NANCY TROIANO</u>		2. DATE OF DEATH <u>November 12 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>26-08</u> D. STREET ADDRESS (If rural, give location) <u>3808 Claremont St.</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 29/1883</u>	
9. AGE (in years last birthday) <u>68</u>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>	
13. FATHER'S NAME <u>Gennaro Chierchi</u>		14. MOTHER'S MAIDEN NAME <u>Filomena Gargiullo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Home & Hospital</u>		ADDRESS	

18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Cerebral Hemorrhage</u> DUE TO (B) <u>Hypertension</u> DUE TO (C) <u>Arteriosclerosis</u> <u>Diabetes mellitus</u>	INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>yes</u> <u>yes</u> <u>yes</u>
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19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/3/52</u> , 19 <u>52</u> , to <u>11/12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11/12</u> , 19 <u>52</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>David F. Larson</u>		23B. ADDRESS <u>Home & Hospital</u>		23C. DATE SIGNED <u>11/12/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Nov. 17 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cemetery</u>	
24D. LOCATION (City, town, or county) <u>4430 Belair Rd.</u>		24E. STATE <u>Md</u>		24F. FUNERAL DIRECTOR <u>Isaiah Della Voce</u>	
24G. ADDRESS <u>322 S. High St.</u>		24H. REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		24I. DATE RECEIVED BY LOCAL REGISTRAR <u>Nov 14 1952</u>	



252

BALTIMORE CITY HEALTH DEPARTMENT

52 10385

52 10385

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

32-26410

1. NAME OF DECEASED
(Type or Print)

STEUART

ROSENSWEIG

2. DATE
OF
DEATH

November 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3701 Egerton Road

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3701 Egerton Road

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Rosensweig

14. MOTHER'S MAIDEN NAME

Dorothy Goldstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bernard Rosensweig - Same

18. E936.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

3701 Egerton Road

22A. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 12, 1952 1:00 P.m.

22B. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

22C. HOW DID INJURY OCCUR?

Unknown

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

Nov. 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

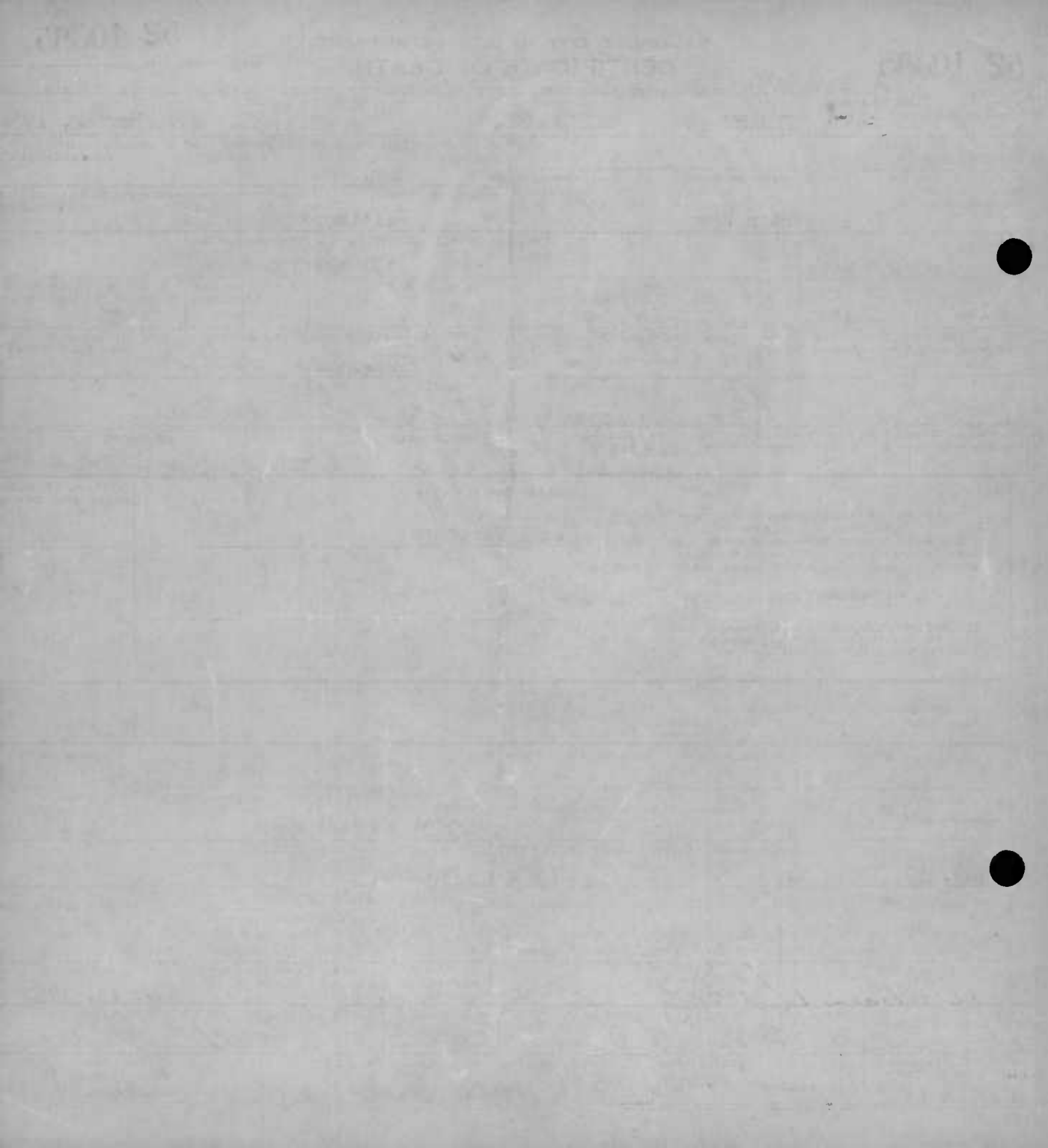
Huntington Williams, MD

Jack Lewis, 2100 Canton St

VS 151

N803.2

MEDICAL CERTIFICATION



52 10386
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10386
Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Jennie L. Keplinger		11/12/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3502 Clifton Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. S. O. W.	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1725 E. North Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/4/1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John W. Keplinger		14. MOTHER'S MAIDEN NAME Lucy Wells	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Pineon Hill, Md. Norman Brooks Arnold Md.			
18. 204.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Leukemia, lymphatic chronic DUE TO (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ulcer of duodenum			INTERVAL BETWEEN ONSET AND DEATH 5 years 3 yrs.
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 1, 1942, to Nov. 12, 1952, that I last saw the deceased alive on Nov. 5, 1952, and that death occurred at 8:00 p. m., from the causes and on the date stated above.			
23A. SIGNATURE Abraham B. Hurwitz		23B. ADDRESS 3048 W. North Ave. M. D.	
23C. DATE SIGNED Nov. 13, 1952			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 11/15/52	
24C. NAME OF CEMETERY OR CREMATORY Balto.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Wm Bok Inc. 1217 St. Paul St.	

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52 10387

AB-153336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10387

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Schriver

2. DATE
OF
DEATH

Nov. 12-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Baltimore City Hospitals
INSTITUTION

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave., Baltimore City Hospitals

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Jan. 7-1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Riveter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Schriver

14. MOTHER'S MAIDEN NAME

Maggie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

30 Min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diabetes

DUE TO

Wks

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-23-1951 to 11-12-1952, that I last saw the
deceased alive on 11-12-1952, and that death occurred at 12.20AM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Schriver

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

11.13.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

24D. LOCATION (City, town, or county)

Roslyn,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Wm. Cook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

VS 150

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1-10-1940

CAUSE OF DEATH

1940

1940

1940

52 10388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10388

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

ROSA DAVIS

2. DATE

OF DEATH

11/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Maryland General Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MdC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-01

O. STREET ADDRESS (If rural, give location)

620 Park Wyndham Ave; NO 18

Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct: 13 1884

9. AGE (In years

last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.N.

10B. KIND OF BUSINESS OR INDUSTRY

—

13. FATHER'S NAME

Peter Battenfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ARTHUR R DAVIS 650 ADDRESS Park Wyndham Ave

18. 157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the pancreas

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/27/52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of the pancreas with metastasis to G.B.

20. AUTOPSY?

YES ☒ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1952 to 11/13, 1952 that I last saw the deceased alive on 11/13, 1952, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lakshmi Baklaier

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

11/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov. 17-52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

BALTO Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

Huntington Williams, John A Moran 3000 E. BALTO ST.

VS 150

19520010388

MEDICAL CERTIFICATION

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BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lewis H. Drane		2. DATE OF DEATH 11/13/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 6113 Regent Park Rd.		E. LENGTH OF STAY IN BALTIMORE 5300	
5. SEX male.	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2/7/17
9. AGE (In years last birthday) 35		10. UNDER 1 YEAR Months: Days: Hours: Min.	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Housing Unit		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Drane		14. MOTHER'S MAIDEN NAME Margaret Trot	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 2	
17. INFORMANT Mrs. Marie Drane - wife		ADDRESS Same	

18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peritonitis -		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Leaking Duodenal Stump -		11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hydrothorax & Heart Failure		2 days

19A. DATE OF OPERATION 11/7/52	19B. MAJOR FINDINGS OF OPERATION Duodenal Ulcer - Bleeding - focal Peritonitis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bon Secours Hospital	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/6**, 19**52**, to **11/13**, 19**52**; that I last saw the deceased alive on **11/13**, 19**52**, and that death occurred at **3:50 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE John E. Carroll Jr.	23B. ADDRESS Bon Secours Hospital	23C. DATE SIGNED 11/13/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/17/52	24C. NAME OF CEMETERY OR CREMATORY Balls Bluff Cem.	24D. LOCATION (City, town, or county) (State) Balls Md
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DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Balls Bluff
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52 10390BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10390

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCES ELIZABETH GORMAN			2. DATE OF DEATH Nov. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 28-41 D. STREET ADDRESS (If rural, give location) 4401 Penhurst Ave.		
5. SEX female			8. DATE OF BIRTH Feb. 24, 1874		
6. COLOR OR RACE white			9. AGE (In years last birthday) 78		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME William G. Gorman, Sr.			14. MOTHER'S MAIDEN NAME Frances Ann Evans		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			17. INFORMANT ADDRESS Mr. Irving B. Gorman-5913 Bellona Ave.		
16. SOCIAL SECURITY NO.			12. CITIZEN OF WHAT COUNTRY?		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Rectum	CAUSE OF DEATH Carcinoma of Rectum	INTERVAL BETWEEN ONSET AND DEATH 8 mos?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rheumatic heart disease - mitral stenosis - aortic atherosclerosis			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19A. DATE OF OPERATION August 1952	19B. MAJOR FINDINGS OF OPERATION Inoperable Ca of rectum	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 1951**, to **Nov. 6, 1952**, that I last saw the deceased alive on **Nov. 6, 1952**, and that death occurred at **3:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE George Shanley M.D.	23B. ADDRESS 5106 Park Heights Ave	23C. DATE SIGNED 11/13/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/15/52	24C. NAME OF CEMETERY OR CREMATORY Western Cem.
24D. LOCATION (City, town, or county) Balto., Md.		

DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Dr. M. J. Tichener & Sons	ADDRESS Balto. 17, Md.
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UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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Corrected

12/10/52

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WIECIECH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 10391
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Josephine Wiecech</i>		2. DATE OF DEATH <i>11-13-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>3-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore Gen. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>7</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>526 S. Bond St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3-15-83</i>
9. AGE (In years last birthday) <i>69</i>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>Stephen Eluc</i>		14. MOTHER'S MAIDEN NAME <i>Antonina ? Bernadzickowski</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Dr. Michael J. Wiecech</i>		ADDRESS <i>707 S. Ann St</i>	
18. <i>420.0 and 199.9</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Diabetes mellitus (controlled)</i> DUE TO (B) <i>Arteriosclerotic heart disease</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>6 years</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>II</i> <i>Generalized arteriosclerosis</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept. 24</i> , 19 <i>52</i> , to <i>Nov. 13</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Nov. 13</i> , 19 <i>52</i> , and that death occurred at <i>2:22</i> Am., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. McConway</i>		23B. ADDRESS M. D. <i>South Baltimore Gen. Hosp</i>	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 17-1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
VS 150		25. FUNERAL DIRECTOR <i>George A. Weber</i>	
		ADDRESS <i>705 S. Ann St</i>	

MEDICAL CERTIFICATION

19520010300

See query reply in document file.

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52 10392BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX
52 10392
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) TRUFFER, JOHN		2. DATE OF DEATH 13 Nov. '52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Balto	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hospital of Balt., Inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5- Yrs. Mos. Days	
D. STREET ADDRESS (If rural, give location) 4217. Gravel Ave		5300	
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec 28-1888
9. AGE (in years last birthday) 63		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Balto. City md		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Albert Truffer		14. MOTHER'S MAIDEN NAME Theresa Floding	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. - -	
17. INFORMANT Mrs. John A. Linn		ADDRESS 4217. Gravel Ave	

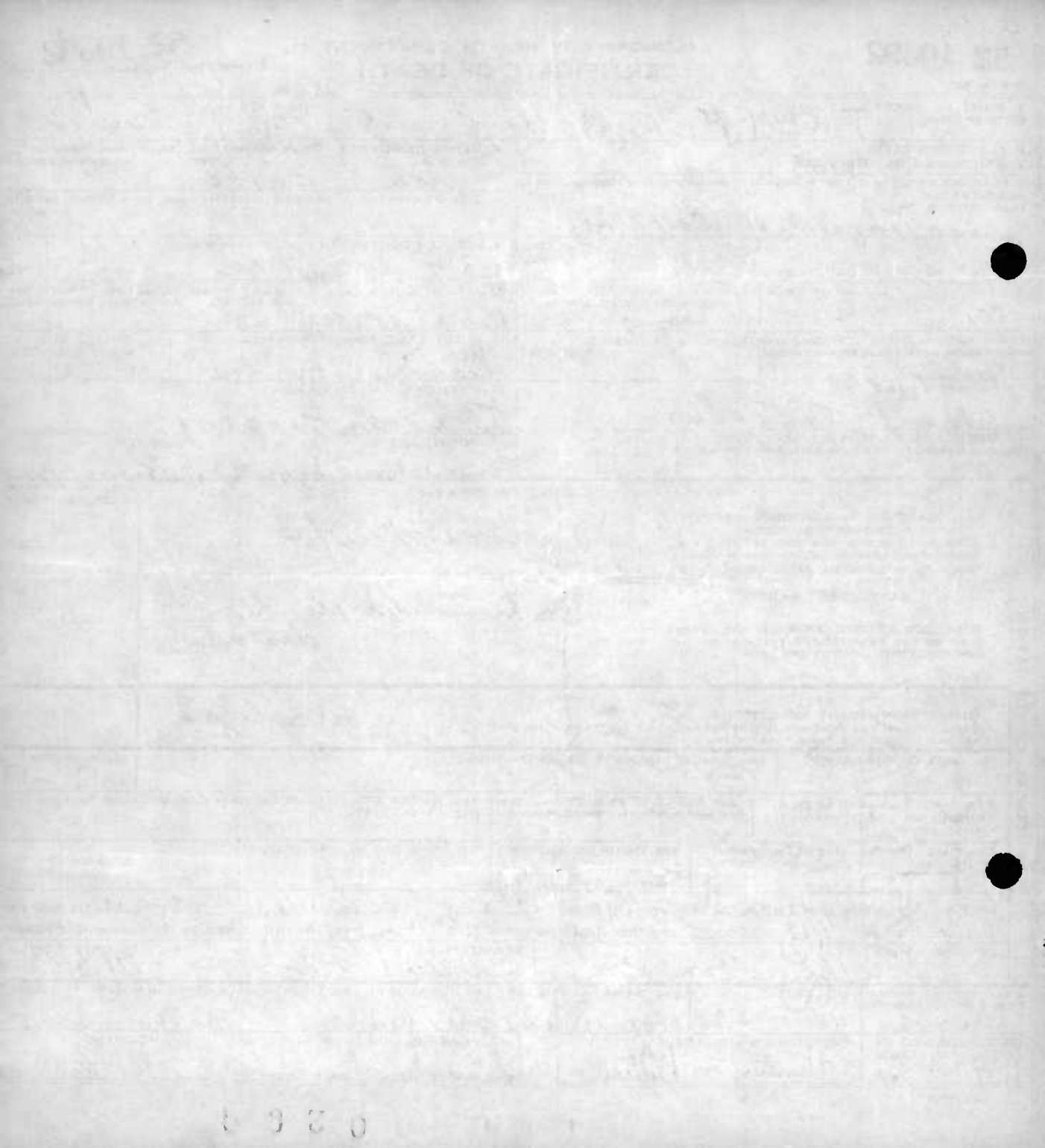
18. 420.0	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Pylonephritis	
DUE TO		(B) arteriosclerotic heart disease	
DUE TO		(C)	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		congenital paraplegia	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/7**, 19**52**, to **11/13**, 19**52**, that I last saw the deceased alive on **11/13**, 19**52**, and that death occurred at **6:55 A m.**, from the causes and on the date stated above.

23A. SIGNATURE Horace A. Bernier	23B. ADDRESS Sinai Hosp.	23C. DATE SIGNED 11/13/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/15/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem	24D. LOCATION (City, town, or county) (State) Balto. md
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Passalun Funeral Home	ADDRESS 7401 Belair Rd



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52 10393BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10393

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Eliza Collins Madden</i>		2. DATE OF DEATH <i>Nov. 10, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2912 Winchester St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-01</i>	
C. Length of stay in Baltimore <i>45 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>2912 Winchester St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Dec. 10, 1877</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (in years last birthday) <i>74</i>
11. BIRTHPLACE (State or foreign country) <i>West River, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Rev. Daniel Collins</i>		14. MOTHER'S MAIDEN NAME <i>Hagar Smith</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Beulah Bennett</i>		18. CAUSE OF DEATH <i>Carcinoma of Head of Pancreas</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>157X</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>September, 1952</i> to <i>11-10-1952</i> , that I last saw the deceased alive on <i>11-10-1952</i> and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Thomas A. Whitford</i>		23B. ADDRESS <i>7036 W. Lafayette Ave.</i>	
23C. DATE SIGNED <i>11-18-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 14, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St. Luke</i>		24D. LOCATION (City, town, or county) (State) <i>West River, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Walland</i>		ADDRESS <i>1617 1/2 Druid Hill Ave.</i>	

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1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10394
Registered No.52 10394
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

John W. Seigh

2. DATE
OF
DEATH

Nov. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes' Hospital

C. Length of stay in Baltimore

22 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Iron Worker

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Michael D. Seigh

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-03-1755

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3818 Cranston Ave. (29)

8. DATE OF BIRTH

8-29-1888

9. AGE (In years last birthday)

64

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Jennie McMeans

Deceased

17. INFORMANT

ADDRESS

Anna M. Seigh, 3818 Cranston Ave

18. 584X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-10-52

19B. MAJOR FINDINGS OF OPERATION

Chronic Cholecystitis & Lithiasis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27, 1952 to 11-13, 1952, that I last saw the deceased alive on 11-13, 1952, and that death occurred at 3:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

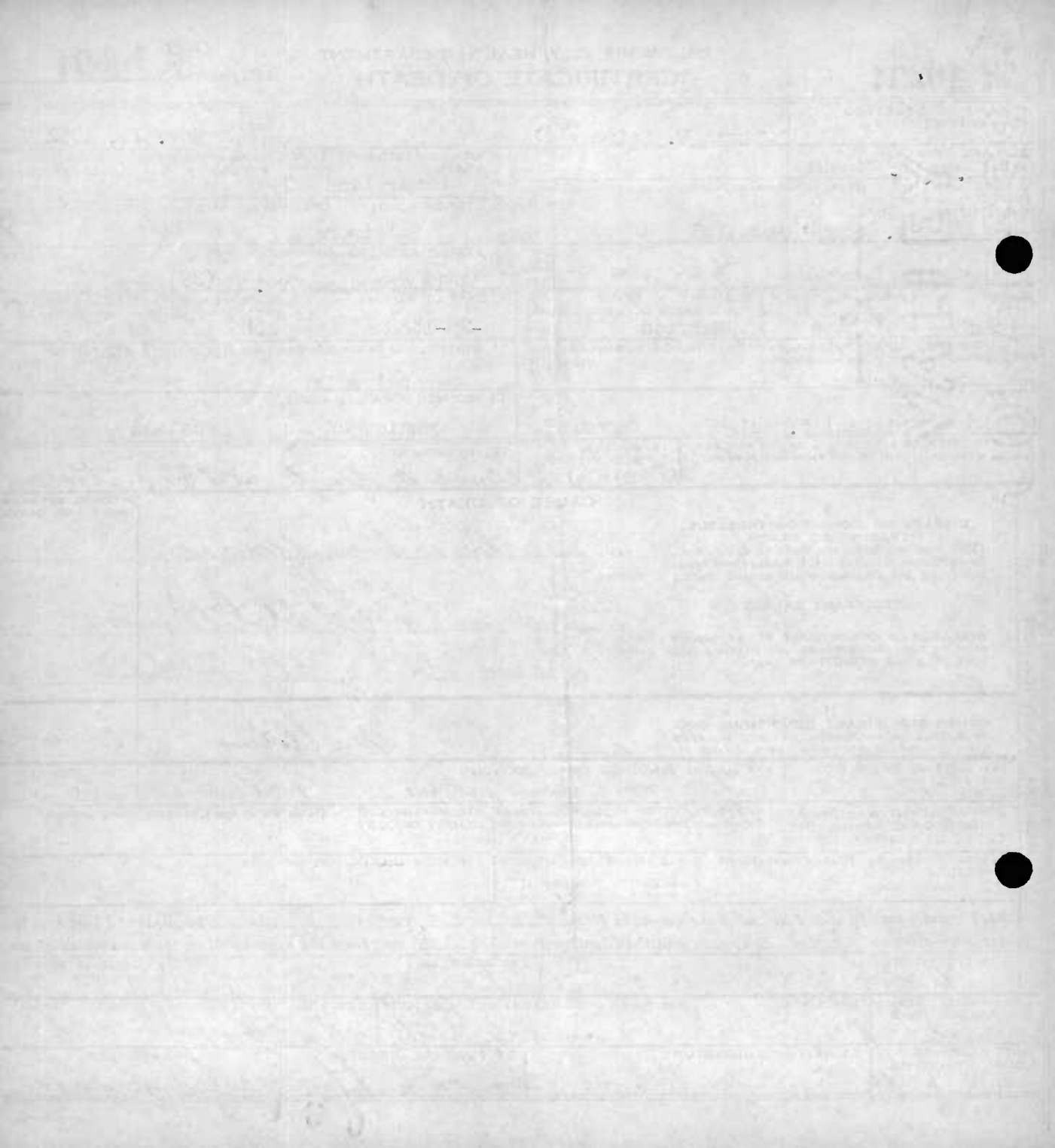
ADDRESS

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58524

10300

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163
52 10395BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10395

BIRTH NO.		2. DATE OF DEATH 11-13-52	
1. NAME OF DECEASED (Type or Print) ANNA A. Ebert			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 400 Swann Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore. 28-04	
Length of stay in Baltimore 49 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 400 Swann. AVE	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR 23 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 49
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? Yes	
13. FATHER'S NAME Ambros Mayers		14. MOTHER'S MAIDEN NAME Mary E. Strausbaugh	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS Rev John H Ebert	

18. **171 X** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Carcinomatosis
Cancer of Cervix

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION June 28, 1951		19B. MAJOR FINDINGS OF OPERATION Cancer of Cervix		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 28 , 1951, to Nov-13 , 1952, that I last saw the deceased alive on Nov 12 , 1952, and that death occurred at 2 A m., from the causes and on the date stated above.					
23A. SIGNATURE H. E. Gherdi		23B. ADDRESS 301 E Chase St		23C. DATE SIGNED 11-13-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE Nov 17/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Nancy H. Nether		ADDRESS 4101 Cheltenham Ave Balto 23 Md	

VS 150
5 350991 0387

CERTIFICATE OF DEATH

April 2, 1954

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1. NAME OF DECEASED (Type or Print) Jeannette Williams			2. DATE OF DEATH Nov. 13, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03		
c. Length of stay in Baltimore 19 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 834 W. Pratt Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 4/22/1957	9. AGE (In years last birthday) 1	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY None		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME John W. Williams			14. MOTHER'S MAIDEN NAME Ruth White ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT John W. Williams ADDRESS 834 Pratt St		

18. 885.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Edema ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Lead Encephalopathy OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Delayed, acidosis, anemia	CAUSE OF DEATH (A) Cerebral Edema DUE TO (B) Lead Encephalopathy DUE TO (C) CERTIFICATION APPROVED BY W. H. Wood M.D. CHIEF OR ASST. MEDICAL EXAMINER.	INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION 11/13/52		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Baltimore, Md.	21c. WHERE DID INJURY OCCUR? Ingestion of lead - home	21f. HOW DID INJURY OCCUR? Atte paint off window sill		
21d. TIME (Month) (Day) (Year) (Hour) INJURY Approx over few weeks		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from Nov. 11, 1952 , to Nov. 13, 1952 , that I last saw the deceased alive on Nov. 13, 1952 , and that death occurred at 11:55 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE W. A. Ridenmann M.D.		23b. ADDRESS University Hospital		23c. DATE SIGNED 11/13/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/13/52	24c. NAME OF CEMETERY OR CREMATORY Western Ben.	24d. LOCATION (City, town, or county) Edmondson & Longwood (State) MD		
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John J. Cowan		ADDRESS John J. Cowan	

K-251

CERTIFICATE CORRECTED 12-8-52

BALTIMORE CITY HEALTH DEPARTMENT

52 10397

52 10397

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) ALEXANDER N. KAZENBECK KAZEM-BECK			2. DATE OF DEATH Nov. 13, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY San Francisco		
5. FULL NAME OF HOSPITAL OR INSTITUTION Marine Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Francisco		
6. Length of stay in Baltimore 10 days			d. STREET ADDRESS (If rural, give location) 529 Eighth Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb 11, 1900	9. AGE (in years last birthday) 52	10. If Under 1 Year Months: Days Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2nd mate		10b. KIND OF BUSINESS OR INDUSTRY Steam Ship	11. BIRTHPLACE (State or foreign country) Russian		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nikolai Kazem Beck			14. MOTHER'S MAIDEN NAME Ungarson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. **E853-X, and 3m.2** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Cranio-cerebral injury**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture of skull**(C) **Subdural hemorrhage**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
ship21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
New York Harbor

21d. TIME (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

Nov. 4-5 ? 1952

m.

WHILE AT ☒ WORK NOT WHILE AT WORK ☐**Fell from bulkhead while apparently intoxicated**22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23c. DATE SIGNED
Nov. 14, 1952

24a. BURIAL. CREMATION. REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

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MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print)		GOTTLOB A. SCHOK		2. DATE OF DEATH November 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3732 Mt. Pleasant		B. COUNTY Md.			
4. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-09			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 12 1885		9. AGE (In years last birthday) 67		10. UNDER 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Gottlob Schok		14. MOTHER'S MAIDEN NAME Marie Fitzenmaier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 220-01-4477		17. INFORMANT Elizabeth M. Schok 3732 Mt. Pleasant	
18. 196x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH I Malignant Oesophageal tumor upper mediastinum about 16 months duration INTERVAL BETWEEN ONSET AND DEATH					
19. 196x DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTECEDENT CAUSES II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 16, 1952, to Nov. 12, 1952, that I last saw the deceased alive on Nov. 12, 1952, and that death occurred at 6:15 A.M. from the causes and on the date stated above.					
23A. SIGNATURE A. E. C. Buehler		23B. ADDRESS 3119 E. Baltimore		23C. DATE SIGNED 11-14-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 15, 1952		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) Ba. Co. Md.		24E. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24F. LOCATION (City, town, or county) 7224 Eastern Ave Ba. Co. Md.	
25. FUNERAL DIRECTOR Charles S. Geiler		25. ADDRESS 901 S. CONKLING ST.			

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CERTIFICATE OF DEATH

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52 10399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10399

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucy Mae Holmes

2. DATE
OF
DEATH

Nov 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hosp

C. Length of stay in Baltimore

30

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 2710

D. STREET ADDRESS (If rural, give location)

707 Glenwood Ave

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing Mfrs

11. BIRTHPLACE (State or foreign country)

Norris City Ill.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Henry Holmes

14. MOTHER'S MAIDEN NAME

Mary ORR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

214-01-6933

17. INFORMANT

Mattie Holmes Clay

ADDRESS

Same

CAUSE OF DEATH

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

None known

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 hrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 13, 1952 to November 13, 1952 that I last saw the
deceased alive on November 13, 1952, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Merrill Edward Day

M. D.

23B. ADDRESS

4-2-32nd St - Balt 18

23C. DATE SIGNED

November 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Nov 15 1952

24C. NAME OF CEMETERY OR CREMATORY

Bowell General Baptist

24D. LOCATION (City, town, or county)

Norris City Illinois

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H Jenkins 4905 York Rd

ADDRESS

VS 150

1039009 10391

MEDICAL CERTIFICATION

K. Newland Day
45.33rd

13-400

000-1 29

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10400

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Rache/Elizabeth Bailey</i>		2. DATE OF DEATH <i>11/13/1962</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>18-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>916 W Mulberry St.</i>		D. STREET ADDRESS (If rural, give location) <i>916 W Mulberry St.</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 27, 1889</i>	9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Not a wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State of foreign country) <i>Fairmount Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Littleton Waters</i>		14. MOTHER'S MAIDEN NAME <i>Lucy Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>George Bailey</i>	
18. <i>42010. I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Intermittent Heart Disease</i>		CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/10</i> , 19 <i>62</i> , to <i>11/13/1962</i> , that I last saw the deceased alive on <i>11/12</i> , 19 <i>62</i> , and that death occurred at <i>11:05</i> AM, from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Garner</i>		23B. ADDRESS <i>153 Conestoga St.</i>		23C. DATE SIGNED <i>11/14/62</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/15/1962</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. H. Williams Cem.</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. STATE <i>Md.</i>		24F. ADDRESS <i>322 N. Schrock St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	

NO 1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NO 1000

Interment to be made

TO BE FILLED BY THE REGISTRAR
OF THE CITY OF BALTIMORE
IN THE MONTH OF _____ 19__
AT _____ O'CLOCK _____
A.M. / P.M.

DECEASED PERSON'S NAME

DATE OF DEATH _____
PLACE OF DEATH _____

NAME OF THE PERSON WHO
REPORTED THE DEATH _____

NAME OF THE PERSON WHO
REPORTED THE DEATH _____

NAME OF THE PERSON WHO
REPORTED THE DEATH _____

NAME OF THE PERSON WHO
REPORTED THE DEATH _____

11/12/11

11/12/11

11/12/11

11/12/11

52 10401 L-600
AJH 154869BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10401
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Wilbert Lowery		2. DATE OF DEATH 11/12/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Life		E. STREET ADDRESS (If rural, give location) 232 N. Carlton St.	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27. 1930
9. AGE (In years last birthday) 22		10. UNDER 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME William Lowery	
14. MOTHER'S MAIDEN NAME Iibna Upshire		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Lowery	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far Advanced Pulmonary Tuberculosis CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH One Year		19. DATE OF OPERATION 19A. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21A. TIME (Month) (Day) (Year) (Hour) INJURY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 12.17.51 , to 11.12.52 , 19__, that I last saw the deceased alive on 11.12 , 19 52 , and that death occurred at 19.10pm , from the causes and on the date stated above.	
23A. SIGNATURE He [Signature]		23B. ADDRESS 4940 Eastern Ave Baltimore Md	
23C. DATE SIGNED 11.13.52		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 11/17/1952		24C. NAME OF CEMETERY OR CREMATORY St. Luke's Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
DATE RECEIVED BY LOCAL REGISTRAR Huntington Williams		ADDRESS 322 N. [Address]	

52 10402

G-650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10402

Registered No.

1. NAME OF DECEASED (Type or Print) Sweetser Linthicum Green		2. DATE OF DEATH November 13 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1705 N. HILTON STREET		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-06	
C. Length of stay in Baltimore 76 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1705 N. HILTON STREET	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH October 10, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10B. KIND OF BUSINESS OR INDUSTRY Music	9. AGE (In years last birthday) 76
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George W. Green		14. MOTHER'S MAIDEN NAME Louisa C. Engel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 212-12-6761	
17. INFORMANT MRS EVELYN GREEN, 1705 N HILTON		ADDRESS	
18. 42010 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION DUE TO ARTERIOSCLEROTIC HEART DISEASE DUE TO GENERALIZED ARTERIOSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 2 YEARS 3 YEARS	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MARCH 6, 1951 , to NOVEMBER 13, 1952 , that I last saw the deceased alive on NOV 13, 1952 , and that death occurred at 6:30 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Melvin N. Borden		23B. ADDRESS 5000 Old Frederick Road	
23C. DATE SIGNED 11/13/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-15-1952	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	

P-643
52 10403BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10403

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN PERALDO

2. DATE
OF
DEATH

NOV. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept. 6, 1895

9. AGE (in years
last birthday)

57

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bricklayer foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Anchor Constr. Co.

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
235-12-5451

17. INFORMANT

ADDRESS

Benito B. Peraldo, son, above

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

HOGKIN'S DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1952, to 11/12, 1952, that I last saw the
deceased alive on 11/11, 1952, and that death occurred at 12:30 m., from the causes and on the date stated above.

23. SIGNATURE

Charles R. Ireland, M. D.

23B. ADDRESS

Merry Hall

23C. DATE SIGNED

11/12/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

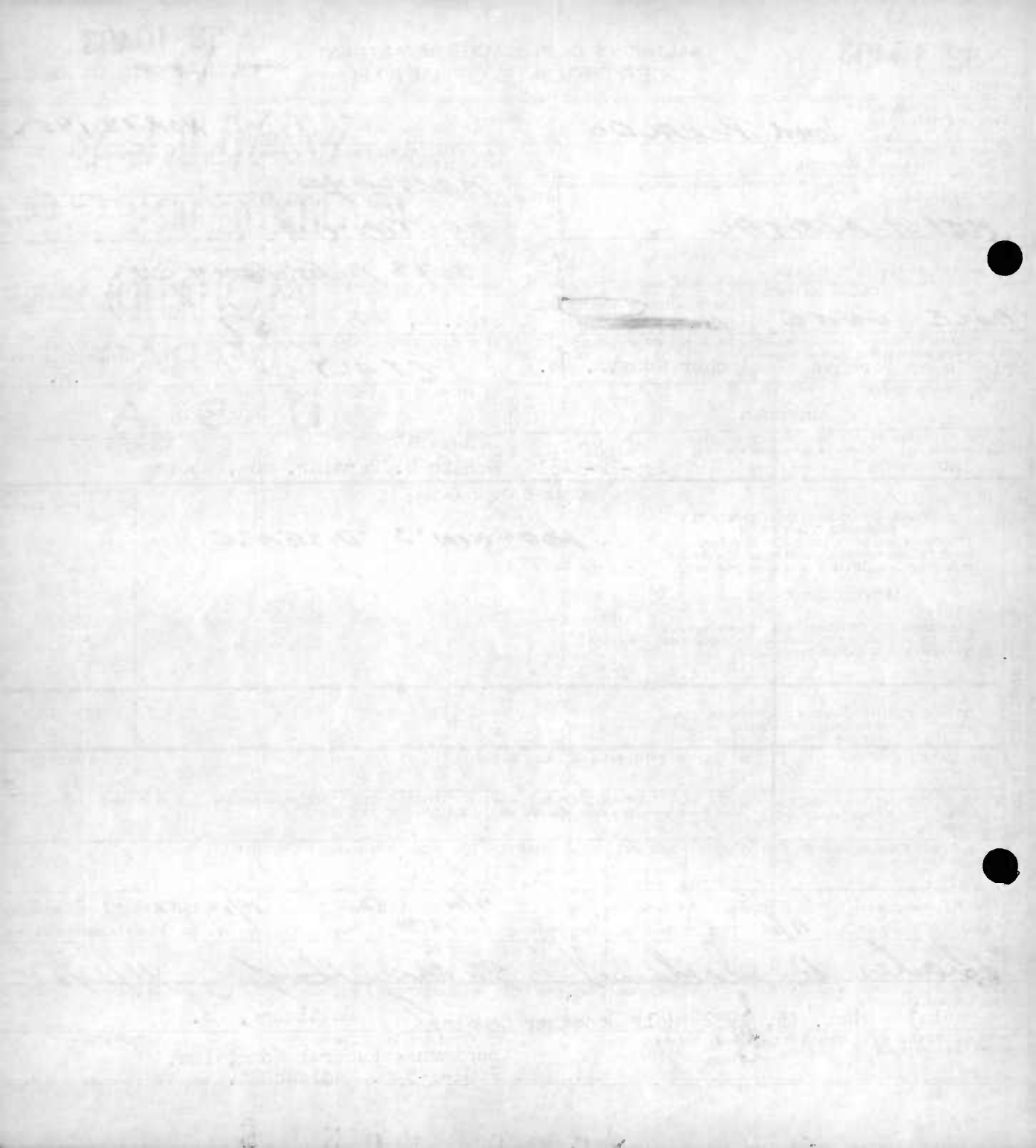
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

504, 24, 10, 30, 5



14-411
52 10404BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10404

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MRS ALBINA HLAVIN		2. DATE OF DEATH 14 Nov. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO			
B. FULL NAME OF HOSPITAL OR INSTITUTION 614 N. BELNORD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore 51		D. STREET ADDRESS (If rural, give location) 606 N. BELNORD AVE			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 10/17/1901	9. AGE (In years last birthday) 51	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME MR ALBERT TUMA		14. MOTHER'S MAIDEN NAME MRS MARY PETR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS DAUGHTER 614 N. BELNORD AVE	
18. 176x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) GENERALIZED CARCINOMATOSIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARCINOMA Reproductive Organs DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH GENERALIZED CARCINOMATOSIS CARCINOMA Reproductive Organs		INTERVAL BETWEEN ONSET AND DEATH 8 Mos	
19A. DATE OF OPERATION JUNE 1950		19B. MAJOR FINDINGS OF OPERATION CARCINOMA OF Reproductive Organ & Metas.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NONE		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) NONE		21C. WHERE DID INJURY OCCUR? NONE	
21D. TIME (Month) (Day) (Year) (Hour) INJURY NONE		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? NONE	
22. I hereby certify that I attended the deceased from JUNE , 1952, to 12 November 1952 , that I last saw the deceased alive on 12 Nov. , 1952, and that death occurred at 2:11 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles P. Barry		23B. ADDRESS 2722 E. Monument St.		23C. DATE SIGNED 11/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 17, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery, Belair Rd.	
24D. LOCATION (City, town, or county) (State) Schimunek Funeral Home,		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS 2601-03-05 E. Madison Street	

RECEIVED
JAN 10 1964
U.S. AIR FORCE

RECEIVED
JAN 10 1964
U.S. AIR FORCE

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JAN 10 1964
U.S. AIR FORCE

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JAN 10 1964
U.S. AIR FORCE

52 10405
VV-630BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10405
Registered No.

1. NAME OF DECEASED (Type or Print) JOHANNA T. WARD		2. DATE OF DEATH November 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2131 E. North Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2131 E. North Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 24, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 80
13. FATHER'S NAME James Ryan		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Anna McKenna	
17. INFORMANT Gladys Godwin		ADDRESS 2702 North Point Road	
18. 332X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO (A) Cerebral Thrombosis (B) Generalized arteriosclerosis (C) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 26 days 20 years 10 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/30 , 19 51 , to 11/13 , 19 52 , that I last saw the deceased alive on 11/12 , 19 52 , and that death occurred at 6:30 a. m. , from the causes and on the date stated above.			
23A. SIGNATURE Perry Fatterman		23B. ADDRESS 2 E. Reed St.	
23C. DATE SIGNED 11/14/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/17/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

53 11/12/52

CERTIFICATE OF DEATH

1010

Name of Deceased		Date of Death	
John Doe		11/12/52	
Age		Sex	
65		Male	
Cause of Death		Place of Death	
Heart Disease		Home	
Time of Death		Signature of Physician	
11:00 AM		[Signature]	
Signature of Registrar		Signature of Coroner	
[Signature]		[Signature]	
Date of Entry		Date of Filing	
11/12/52		11/12/52	

52 10406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10406
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Theodore Hamilomatis (known as Terry Hamilt)			2. DATE OF DEATH Nov. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL US Public Health Service Hospital INSTITUTION Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-05		
D. STREET ADDRESS (If rural, give location) 2205 E. Baltimore Street			E. LENGTH OF STAY IN BALTIMORE ? Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/26/94	9. AGE (In years last birthday) 58	10. CITIZEN OF WHAT COUNTRY? USA
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AB seaman			10B. KIND OF BUSINESS OR INDUSTRY Seafarer		
11. BIRTHPLACE (State or foreign country) Greece			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Steve Hamilomatis			14. MOTHER'S MAIDEN NAME Anastasia ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?			16. SOCIAL SECURITY NO. 111-09-2414		
17. INFORMANT Records- US PHS Hospital, Balto, Md.			ADDRESS		

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma, left lung
recurrent with metastases

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 8, 1952 to Nov. 12, 1952, that I last saw the deceased alive on Nov. 12, 1952, and that death occurred at 5:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE J. B. Kelley M.D.		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 11/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 11/15/52		24C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24F. LOCATION (City, town, or county) (State) Baltimore, Md.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.	

NOV 14 1952

VS 150

673 55

1 0 3 9 8

MEDICAL CERTIFICATION

52 10407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10407
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA M. SINCLAIR

2. DATE
OF
DEATH

Nov. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 2507 Ailsa Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-03

D. STREET ADDRESS (If rural, give location)

2507 Ailsa Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Feb. 22, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Perry Sinclair

14. MOTHER'S MAIDEN NAME

Martha A. E Dickey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
none17. INFORMANT ADDRESS
Miss Mildred Sinclair-2507 Ailsa Ave.

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1952, to Dec 12, 1952, that I last saw the
deceased alive on Nov 10, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2536 E. B. 2nd St.

11-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

Huntington Williams, M.D.

Wm. J. Dickner & Sons

MEDICAL CERTIFICATION

120

52 10408

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10408

1. NAME OF DECEASED
(Type or Print)

JAMES JACKSON HEAPS

2. DATE
OF
DEATH

Nov. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR 921 E. Chase St.
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-01D. STREET ADDRESS (If rural, give location)
921 E. Chase St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Sept. 1, 1881

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

restauranteur

10B. KIND OF BUSINESS OR
INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin B. Heaps

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wm. A. Heaps-711 W. 34th St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1952 to 11/4, 1952, that I last saw the
deceased alive on 11/4, 1952 and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/15/52

Moreland Mem. Pk.

Balto. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 14 1952

VS 150

1 9 5 2 4 3 6 4

Balto 17, Md.

1941 80

CONTINUED FROM THE PREVIOUS PAGE
HEARD TO STAY IN THE

1941 80



52 10409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10409

Registered No.

BIRTH NO. 52-26561

1. NAME OF DECEASED
(Type or Print)

Betty Louise Butts

2. DATE
OF
DEATH

11-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp. of Md.

12 days, 9 hrs, 37 min

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-31-52

9. AGE (In years
last birthday)It Under 1 Year
Months: Days Hours: Min.
0 12 9 3710A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lutheran Hosp of Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Arthur Ulmont Butts

14. MOTHER'S MAIDEN NAME

Nancy Fink

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congenital Heart Disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH12 days, 9 hrs
37 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Prematurity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31-1952 to 11-13-1952, that I last saw the
deceased alive on 11-13-1952 and that death occurred at 2:07 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Horse Wells Jr.

23B. ADDRESS

M. D.

Lutheran Hosp. of Md.

23C. DATE SIGNED

11-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

NOV 14, 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

00011 52

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

00011 52

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH		6. OCCUPATION	
7. MARITAL STATUS		8. RACE		9. RELIGION		10. EDUCATION		11. SOCIAL CLASS		12. CAUSE OF DEATH	
13. PLACE OF DEATH		14. DATE OF DEATH		15. TIME OF DEATH		16. SEX OF DECEASED		17. AGE OF DECEASED		18. CAUSE OF DEATH	
19. PLACE OF DEATH		20. DATE OF DEATH		21. TIME OF DEATH		22. SEX OF DECEASED		23. AGE OF DECEASED		24. CAUSE OF DEATH	
25. PLACE OF DEATH		26. DATE OF DEATH		27. TIME OF DEATH		28. SEX OF DECEASED		29. AGE OF DECEASED		30. CAUSE OF DEATH	
31. PLACE OF DEATH		32. DATE OF DEATH		33. TIME OF DEATH		34. SEX OF DECEASED		35. AGE OF DECEASED		36. CAUSE OF DEATH	
37. PLACE OF DEATH		38. DATE OF DEATH		39. TIME OF DEATH		40. SEX OF DECEASED		41. AGE OF DECEASED		42. CAUSE OF DEATH	
43. PLACE OF DEATH		44. DATE OF DEATH		45. TIME OF DEATH		46. SEX OF DECEASED		47. AGE OF DECEASED		48. CAUSE OF DEATH	
49. PLACE OF DEATH		50. DATE OF DEATH		51. TIME OF DEATH		52. SEX OF DECEASED		53. AGE OF DECEASED		54. CAUSE OF DEATH	
55. PLACE OF DEATH		56. DATE OF DEATH		57. TIME OF DEATH		58. SEX OF DECEASED		59. AGE OF DECEASED		60. CAUSE OF DEATH	
61. PLACE OF DEATH		62. DATE OF DEATH		63. TIME OF DEATH		64. SEX OF DECEASED		65. AGE OF DECEASED		66. CAUSE OF DEATH	
67. PLACE OF DEATH		68. DATE OF DEATH		69. TIME OF DEATH		70. SEX OF DECEASED		71. AGE OF DECEASED		72. CAUSE OF DEATH	
73. PLACE OF DEATH		74. DATE OF DEATH		75. TIME OF DEATH		76. SEX OF DECEASED		77. AGE OF DECEASED		78. CAUSE OF DEATH	
79. PLACE OF DEATH		80. DATE OF DEATH		81. TIME OF DEATH		82. SEX OF DECEASED		83. AGE OF DECEASED		84. CAUSE OF DEATH	
85. PLACE OF DEATH		86. DATE OF DEATH		87. TIME OF DEATH		88. SEX OF DECEASED		89. AGE OF DECEASED		90. CAUSE OF DEATH	
91. PLACE OF DEATH		92. DATE OF DEATH		93. TIME OF DEATH		94. SEX OF DECEASED		95. AGE OF DECEASED		96. CAUSE OF DEATH	
97. PLACE OF DEATH		98. DATE OF DEATH		99. TIME OF DEATH		100. SEX OF DECEASED		101. AGE OF DECEASED		102. CAUSE OF DEATH	
103. PLACE OF DEATH		104. DATE OF DEATH		105. TIME OF DEATH		106. SEX OF DECEASED		107. AGE OF DECEASED		108. CAUSE OF DEATH	
109. PLACE OF DEATH		110. DATE OF DEATH		111. TIME OF DEATH		112. SEX OF DECEASED		113. AGE OF DECEASED		114. CAUSE OF DEATH	
115. PLACE OF DEATH		116. DATE OF DEATH		117. TIME OF DEATH		118. SEX OF DECEASED		119. AGE OF DECEASED		120. CAUSE OF DEATH	
121. PLACE OF DEATH		122. DATE OF DEATH		123. TIME OF DEATH		124. SEX OF DECEASED		125. AGE OF DECEASED		126. CAUSE OF DEATH	
127. PLACE OF DEATH		128. DATE OF DEATH		129. TIME OF DEATH		130. SEX OF DECEASED		131. AGE OF DECEASED		132. CAUSE OF DEATH	
133. PLACE OF DEATH		134. DATE OF DEATH		135. TIME OF DEATH		136. SEX OF DECEASED		137. AGE OF DECEASED		138. CAUSE OF DEATH	
139. PLACE OF DEATH		140. DATE OF DEATH		141. TIME OF DEATH		142. SEX OF DECEASED		143. AGE OF DECEASED		144. CAUSE OF DEATH	
145. PLACE OF DEATH		146. DATE OF DEATH		147. TIME OF DEATH		148. SEX OF DECEASED		149. AGE OF DECEASED		150. CAUSE OF DEATH	
151. PLACE OF DEATH		152. DATE OF DEATH		153. TIME OF DEATH		154. SEX OF DECEASED		155. AGE OF DECEASED		156. CAUSE OF DEATH	
157. PLACE OF DEATH		158. DATE OF DEATH		159. TIME OF DEATH		160. SEX OF DECEASED		161. AGE OF DECEASED		162. CAUSE OF DEATH	
163. PLACE OF DEATH		164. DATE OF DEATH		165. TIME OF DEATH		166. SEX OF DECEASED		167. AGE OF DECEASED		168. CAUSE OF DEATH	
169. PLACE OF DEATH		170. DATE OF DEATH		171. TIME OF DEATH		172. SEX OF DECEASED		173. AGE OF DECEASED		174. CAUSE OF DEATH	
175. PLACE OF DEATH		176. DATE OF DEATH		177. TIME OF DEATH		178. SEX OF DECEASED		179. AGE OF DECEASED		180. CAUSE OF DEATH	
181. PLACE OF DEATH		182. DATE OF DEATH		183. TIME OF DEATH		184. SEX OF DECEASED		185. AGE OF DECEASED		186. CAUSE OF DEATH	
187. PLACE OF DEATH		188. DATE OF DEATH		189. TIME OF DEATH		190. SEX OF DECEASED		191. AGE OF DECEASED		192. CAUSE OF DEATH	
193. PLACE OF DEATH		194. DATE OF DEATH		195. TIME OF DEATH		196. SEX OF DECEASED		197. AGE OF DECEASED		198. CAUSE OF DEATH	
199. PLACE OF DEATH		200. DATE OF DEATH		201. TIME OF DEATH		202. SEX OF DECEASED		203. AGE OF DECEASED		204. CAUSE OF DEATH	
205. PLACE OF DEATH		206. DATE OF DEATH		207. TIME OF DEATH		208. SEX OF DECEASED		209. AGE OF DECEASED		210. CAUSE OF DEATH	
211. PLACE OF DEATH		212. DATE OF DEATH		213. TIME OF DEATH		214. SEX OF DECEASED		215. AGE OF DECEASED		216. CAUSE OF DEATH	
217. PLACE OF DEATH		218. DATE OF DEATH		219. TIME OF DEATH		220. SEX OF DECEASED		221. AGE OF DECEASED		222. CAUSE OF DEATH	
223. PLACE OF DEATH		224. DATE OF DEATH		225. TIME OF DEATH		226. SEX OF DECEASED		227. AGE OF DECEASED		228. CAUSE OF DEATH	
229. PLACE OF DEATH		230. DATE OF DEATH		231. TIME OF DEATH		232. SEX OF DECEASED		233. AGE OF DECEASED		234. CAUSE OF DEATH	
235. PLACE OF DEATH		236. DATE OF DEATH		237. TIME OF DEATH		238. SEX OF DECEASED		239. AGE OF DECEASED		240. CAUSE OF DEATH	
241. PLACE OF DEATH		242. DATE OF DEATH		243. TIME OF DEATH		244. SEX OF DECEASED		245. AGE OF DECEASED		246. CAUSE OF DEATH	
247. PLACE OF DEATH		248. DATE OF DEATH		249. TIME OF DEATH		250. SEX OF DECEASED		251. AGE OF DECEASED		252. CAUSE OF DEATH	
253. PLACE OF DEATH		254. DATE OF DEATH		255. TIME OF DEATH		256. SEX OF DECEASED		257. AGE OF DECEASED		258. CAUSE OF DEATH	
259. PLACE OF DEATH		260. DATE OF DEATH		261. TIME OF DEATH		262. SEX OF DECEASED		263. AGE OF DECEASED		264. CAUSE OF DEATH	
265. PLACE OF DEATH		266. DATE OF DEATH		267. TIME OF DEATH		268. SEX OF DECEASED		269. AGE OF DECEASED		270. CAUSE OF DEATH	
271. PLACE OF DEATH		272. DATE OF DEATH		273. TIME OF DEATH		274. SEX OF DECEASED		275. AGE OF DECEASED		276. CAUSE OF DEATH	
277. PLACE OF DEATH		278. DATE OF DEATH		279. TIME OF DEATH		280. SEX OF DECEASED		281. AGE OF DECEASED		282. CAUSE OF DEATH	
283. PLACE OF DEATH		284. DATE OF DEATH		285. TIME OF DEATH		286. SEX OF DECEASED		287. AGE OF DECEASED		288. CAUSE OF DEATH	
289. PLACE OF DEATH		290. DATE OF DEATH		291. TIME OF DEATH		292. SEX OF DECEASED		293. AGE OF DECEASED		294. CAUSE OF DEATH	
295. PLACE OF DEATH		296. DATE OF DEATH		297. TIME OF DEATH		298. SEX OF DECEASED		299. AGE OF DECEASED		300. CAUSE OF DEATH	
301. PLACE OF DEATH		302. DATE OF DEATH		303. TIME OF DEATH		304. SEX OF DECEASED		305. AGE OF DECEASED		306. CAUSE OF DEATH	
307. PLACE OF DEATH		308. DATE OF DEATH		309. TIME OF DEATH		310. SEX OF DECEASED		311. AGE OF DECEASED		312. CAUSE OF DEATH	
313. PLACE OF DEATH		314. DATE OF DEATH		315. TIME OF DEATH		316. SEX OF DECEASED		317. AGE OF DECEASED		318. CAUSE OF DEATH	
319. PLACE OF DEATH		320. DATE OF DEATH		321. TIME OF DEATH		322. SEX OF DECEASED		323. AGE OF DECEASED		324. CAUSE OF DEATH	
325. PLACE OF DEATH		326. DATE OF DEATH		327. TIME OF DEATH		328. SEX OF DECEASED		329. AGE OF DECEASED		330. CAUSE OF DEATH	
331. PLACE OF DEATH		332. DATE OF DEATH		333. TIME OF DEATH		334. SEX OF DECEASED		335. AGE OF DECEASED		336. CAUSE OF DEATH	
337. PLACE OF DEATH		338. DATE OF DEATH		339. TIME OF DEATH		340. SEX OF DECEASED		341. AGE OF DECEASED		342. CAUSE OF DEATH	
343. PLACE OF DEATH		344. DATE OF DEATH		345. TIME OF DEATH		346. SEX OF DECEASED		347. AGE OF DECEASED		348. CAUSE OF DEATH	
349. PLACE OF DEATH		350. DATE OF DEATH		351. TIME OF DEATH		352. SEX OF DECEASED		353. AGE OF DECEASED		354. CAUSE OF DEATH	
355. PLACE OF DEATH		356. DATE OF DEATH		357. TIME OF DEATH		358. SEX OF DECEASED		359. AGE OF DECEASED		360. CAUSE OF DEATH	
361. PLACE OF DEATH		362. DATE OF DEATH		363. TIME OF DEATH		364. SEX OF DECEASED		365. AGE OF DECEASED		366. CAUSE OF DEATH	
367. PLACE OF DEATH		368. DATE OF DEATH		369. TIME OF DEATH		370. SEX OF DECEASED		371. AGE OF DECEASED		372. CAUSE OF DEATH	
373. PLACE OF DEATH		374. DATE OF DEATH		375. TIME OF DEATH		376. SEX OF DECEASED		377. AGE OF DECEASED		378. CAUSE OF DEATH	
379. PLACE OF DEATH		380. DATE OF DEATH		381. TIME OF DEATH		382. SEX OF DECEASED		383. AGE OF DECEASED		384. CAUSE OF DEATH	
385. PLACE OF DEATH		386. DATE OF DEATH		387. TIME OF DEATH		388. SEX OF DECEASED		389. AGE OF DECEASED		390. CAUSE OF DEATH	
391. PLACE OF DEATH		392. DATE OF DEATH		393. TIME OF DEATH		394. SEX OF DECEASED		395. AGE OF DECEASED		396. CAUSE OF DEATH	
397. PLACE OF DEATH		398. DATE OF DEATH		399. TIME OF DEATH		400. SEX OF DECEASED		401. AGE OF DECEASED		402. CAUSE OF DEATH	
403. PLACE OF DEATH		404. DATE OF DEATH		405. TIME OF DEATH		406. SEX OF DECEASED		407. AGE OF DECEASED		408. CAUSE OF DEATH	
409. PLACE OF DEATH		410. DATE OF DEATH		411. TIME OF DEATH		412. SEX OF DECEASED		413. AGE OF DECEASED		414. CAUSE OF DEATH	
415. PLACE OF DEATH		416. DATE OF DEATH		417. TIME OF DEATH		418. SEX OF DECEASED		419. AGE OF DECEASED		420. CAUSE OF DEATH	
421. PLACE OF DEATH		422. DATE OF DEATH		423. TIME OF DEATH		424. SEX OF DECEASED		425. AGE OF DECEASED		426. CAUSE OF DEATH	
427. PLACE OF DEATH		428. DATE OF DEATH		429. TIME OF DEATH		430. SEX OF DECEASED		431. AGE OF DECEASED		432. CAUSE OF DEATH	
433. PLACE OF DEATH		434. DATE OF DEATH		435. TIME OF DEATH		436. SEX OF DECEASED		437. AGE OF DECEASED		438. CAUSE OF DEATH	
439. PLACE OF DEATH		440. DATE OF DEATH		441. TIME OF DEATH		442. SEX OF DECEASED		443. AGE OF DECEASED		444. CAUSE OF DEATH	
445. PLACE OF DEATH		446. DATE OF DEATH		447. TIME OF DEATH		448. SEX OF DECEASED		449. AGE OF DECEASED		450. CAUSE OF DEATH	
451. PLACE OF DEATH		452. DATE OF DEATH		453. TIME OF DEATH		454. SEX OF DECEASED		455. AGE OF DECEASED		456. CAUSE OF DEATH	
457. PLACE OF DEATH		458. DATE OF DEATH		459. TIME OF DEATH		460. SEX OF DECEASED		461. AGE OF DECEASED		462. CAUSE OF DEATH	
463. PLACE OF DEATH		464. DATE OF DEATH		465. TIME OF DEATH		466. SEX OF DECEASED		467. AGE OF DECEASED		468. CAUSE OF DEATH	
469. PLACE OF DEATH		470. DATE OF DEATH		471. TIME OF DEATH		472. SEX OF DECEASED		473. AGE OF DECEASED		474. CAUSE OF DEATH	
475. PLACE OF DEATH		476. DATE OF DEATH		477. TIME OF DEATH		478. SEX OF DECEASED		479. AGE OF DECEASED		480. CAUSE OF DEATH	
481. PLACE OF DEATH		482. DATE OF DEATH		483. TIME OF DEATH		484. SEX OF DECEASED		485. AGE OF DECEASED		486. CAUSE OF DEATH	
487. PLACE OF DEATH		488. DATE OF DEATH		489. TIME OF DEATH		490. SEX OF DECEASED		491. AGE OF DECEASED		492. CAUSE OF DEATH	

400
52 10410BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10410

Registered No.

BIRTH NO. 52-27000

1. NAME OF DECEASED
(Type or Print)

Baby Boy Sav

2. DATE
OF
DEATH

Nov. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Infant

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-01

D. STREET ADDRESS (If rural, give location)

1016 Brantley Avenue

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bonnie Sack

14. MOTHER'S MAIDEN NAME

Catherine Spain

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Same as above

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atelectasis Neonatorum

DUE TO

(C)

Purpura

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1952, to Nov. 10, 1952, that I last saw the deceased alive on Nov. 10, 1952, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 14 1952

DATE RECEIVED BY
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

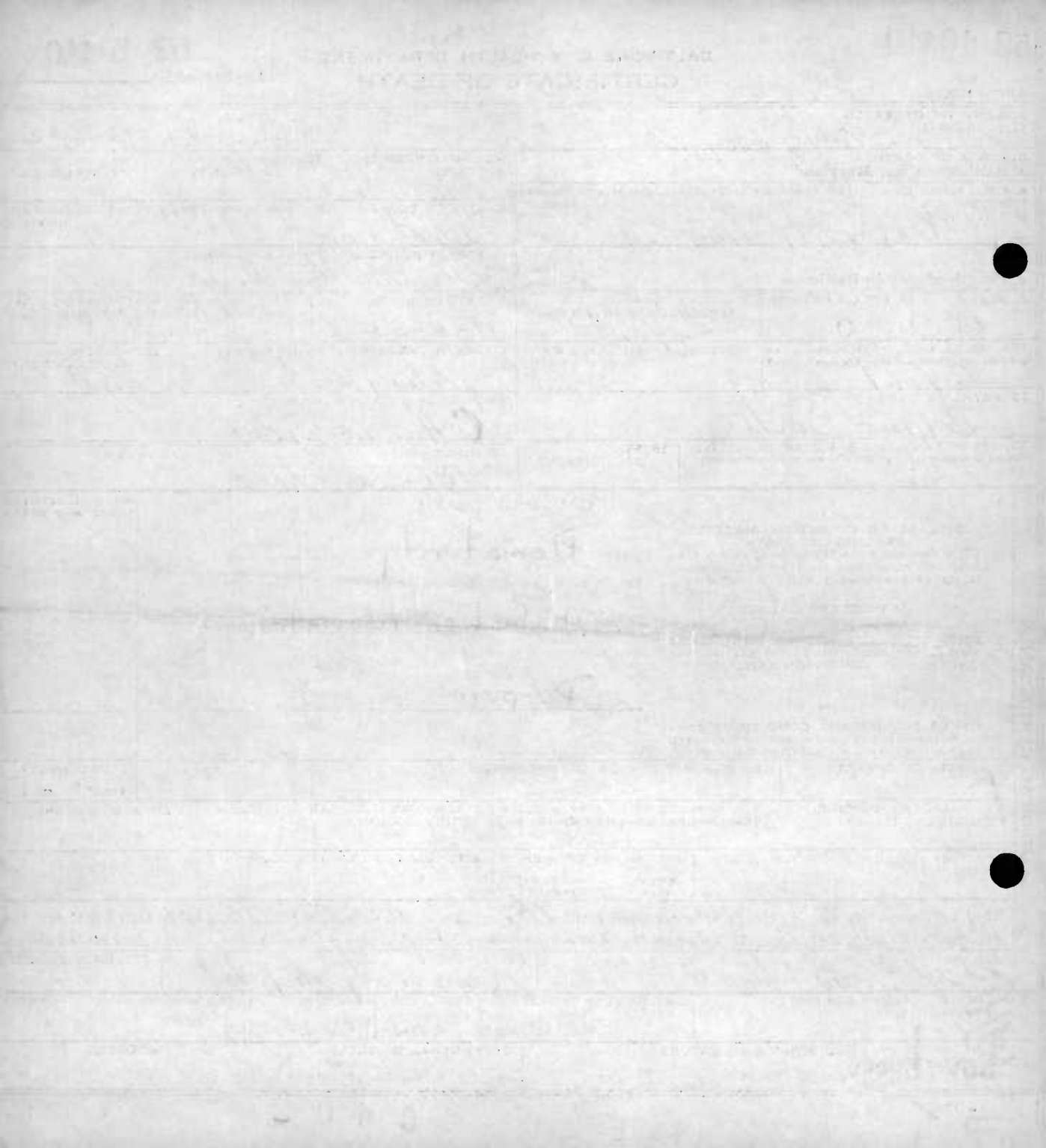
NOV 15 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

19520210402



435
52 10411BLOWDEN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10411
Registered No.

BIRTH NO. 52-24207

1. NAME OF DECEASED (Type or Print) <i>Debea Marie Plowden</i>		2. DATE OF DEATH <i>11/1/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Providence Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 14-02</i>	
D. STREET ADDRESS (If rural, give location) <i>544 N. Lafayette Ave.</i>		E. LENGTH OF STAY IN BALTIMORE <i>22</i> Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10/11/52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>22</i> II Under 1 Year Months: Days Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Balto, md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James Howard</i>		14. MOTHER'S MAIDEN NAME <i>Sylvia Plowden</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mother Same</i>

18. <i>776x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>acidosis</i> DUE TO ANTECEDENT CAUSES (B) <i>Dehydration</i> DUE TO (C) <i>prematurity, (2 lbs)</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/11</i> , 1952, to <i>11/1</i> , 1952, that I last saw the deceased alive on <i>11/1</i> , 1952, and that death occurred at <i>9:12</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Williams</i>		23B. ADDRESS <i>Providence Hospital</i>		23C. DATE SIGNED <i>11/8/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.D.</i>	

520010403

1911

OFFICE OF THE
SHERIFF

1911

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text appears to be organized into a table or list format with multiple columns.]

500
52 10412BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10412
Registered No.

BIRTH NO. 52-26060

1. NAME OF DECEASED (Type or Print) <i>Cecil Martin Queen</i>		2. DATE OF DEATH <i>10/31/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Providence Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>15-06</i>	
6. Length of stay in Baltimore <i>3</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2863 Warbeck Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10/29/52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>3</i>
11. BIRTHPLACE (State or foreign country) <i>Balto, Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Charles Queen</i>		14. MOTHER'S MAIDEN NAME <i>Adele Warren</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mother</i>		ADDRESS <i>See above</i>	

15. 754.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Partial atelectasis (rt. lung)</i> DUE TO (B) <i>Patent Intra-auricular Septum</i> DUE TO (C) <i>Pulmonary Edema & Congestion</i>		INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/29</i> ¹⁹⁵² to <i>10/31</i> , 1952, that I last saw the deceased alive on <i>10/31</i> , 1952, and that death occurred at <i>12:40</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>R. L. L. L. L.</i>		23B. ADDRESS <i>1100 Druid Hill Ave</i>		23C. DATE SIGNED <i>10/31/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	

EX-101

CERTIFICATE OF DEATH

1

52 10413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10413

Registered No.

BIRTH NO. 52-27006

1. NAME OF DECEASED
(Type or Print) BABY BOY HOLMES2. DATE
OF DEATH 11.7.523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. - B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balt. 17-03

c. Length of stay in Baltimore 5 Hours 5 mins. Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
862 Presque Isle

5. SEX Male 6. COLOR OR RACE Coloured 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 11.7.52 9. AGE (In years last birthday) 11 Under 1 Year Months: Days 5 Under 24 Hours Hours: Min. 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil 10B. KIND OF BUSINESS OR INDUSTRY nil

11. BIRTHPLACE (State or foreign country) State 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hubert de Montagnac HOLMES

14. MOTHER'S MAIDEN NAME ROSALIE Holmes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no 16. SOCIAL SECURITY NO. -

17. INFORMANT Omara Chayan ADDRESS University Hospital, Baltimore I.M.D.

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

PREMATURITY

5 hours 5 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Asphyxia Neonatorum 5 hrs 5 min.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11.7, 1952 to 11.7, 1952 that I last saw the deceased alive on 11.7, 1952 and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS University Hospital, Baltimore I.M.D. DATE SIGNED 11.7.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

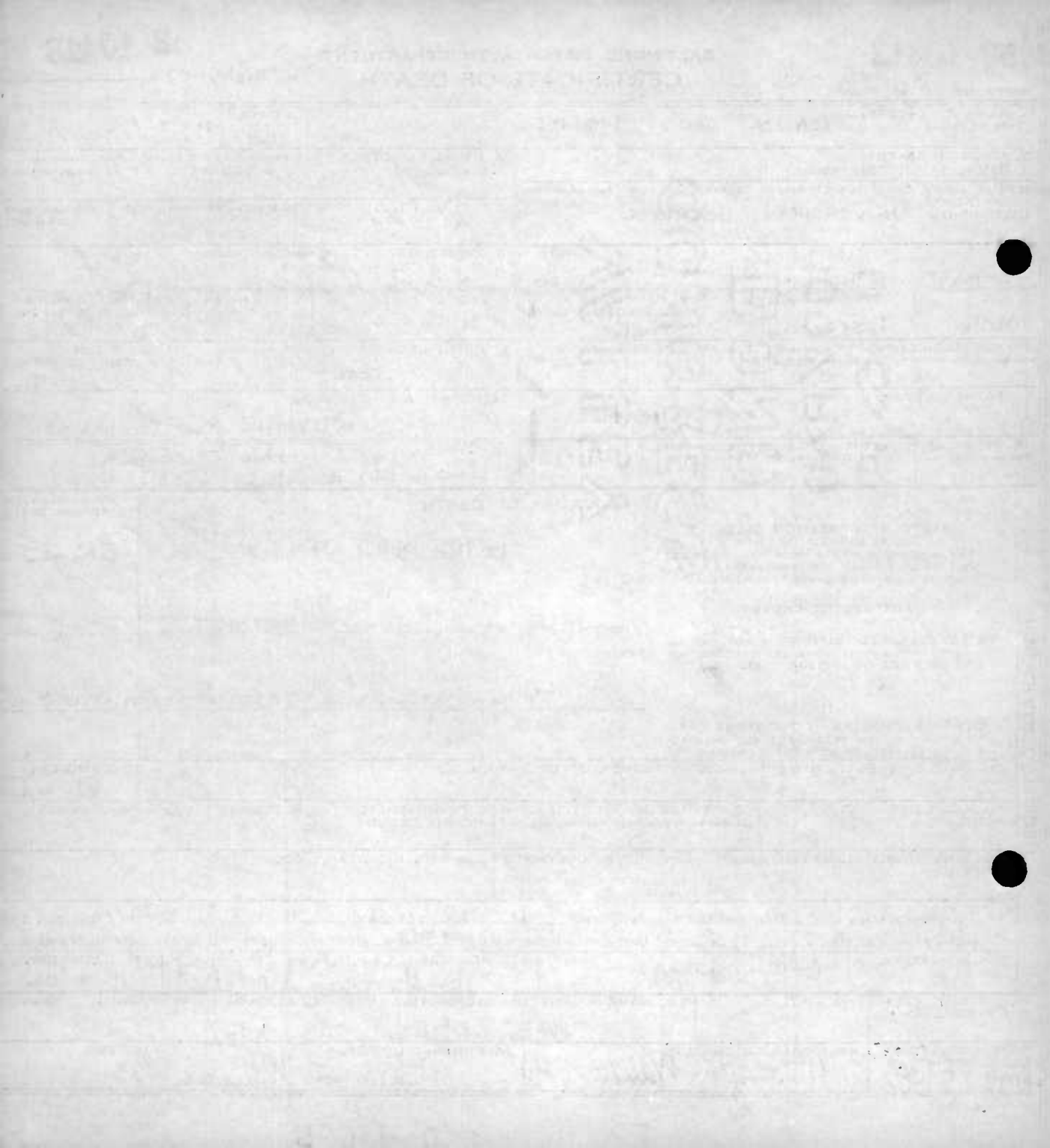
NOV 15 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 150

JOHN HOPKINS MEDICAL SCHOOL NOV 14 1952



52 10414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10414

Registered No.

BIRTH NO. 52-26706

1. NAME OF DECEASED
(Type or Print)

Baby Boy Perdue

2. DATE
OF
DEATH

Nov. 11, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-32

d. STREET ADDRESS (If rural, give location)

2738 Booker Annex

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

11/5/52

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days

6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

New born

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Sam Perdue

14. MOTHER'S MAIDEN NAME

Henrietta Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 570.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Intestinal obstruction & perforation

DUE TO

(C)

Volvulus

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

19A. DATE OF OPERATION

11/10/52

19B. MAJOR FINDINGS OF OPERATION

Volvulus & necrosis of ileum

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1952, to Nov. 11, 1952, that I last saw the
deceased alive on Nov. 11, 1952, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11/12/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL NOV 14 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

query reply in Document file

but

Dr. Janet Hardy advised to code asis

12/8/52 ES

320
52 10415BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

15 52 10415

BIRTH NO. 52-27359

1. NAME OF DECEASED
(Type or Print)

Baby Lydic/K

2. DATE
OF
DEATH

11-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sivai

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

10 min

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

11-12-52

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sivai

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Lydic/K, Jr.

14. MOTHER'S MAIDEN NAME

Kinter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1952, that I last saw the
deceased alive on 11-12, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

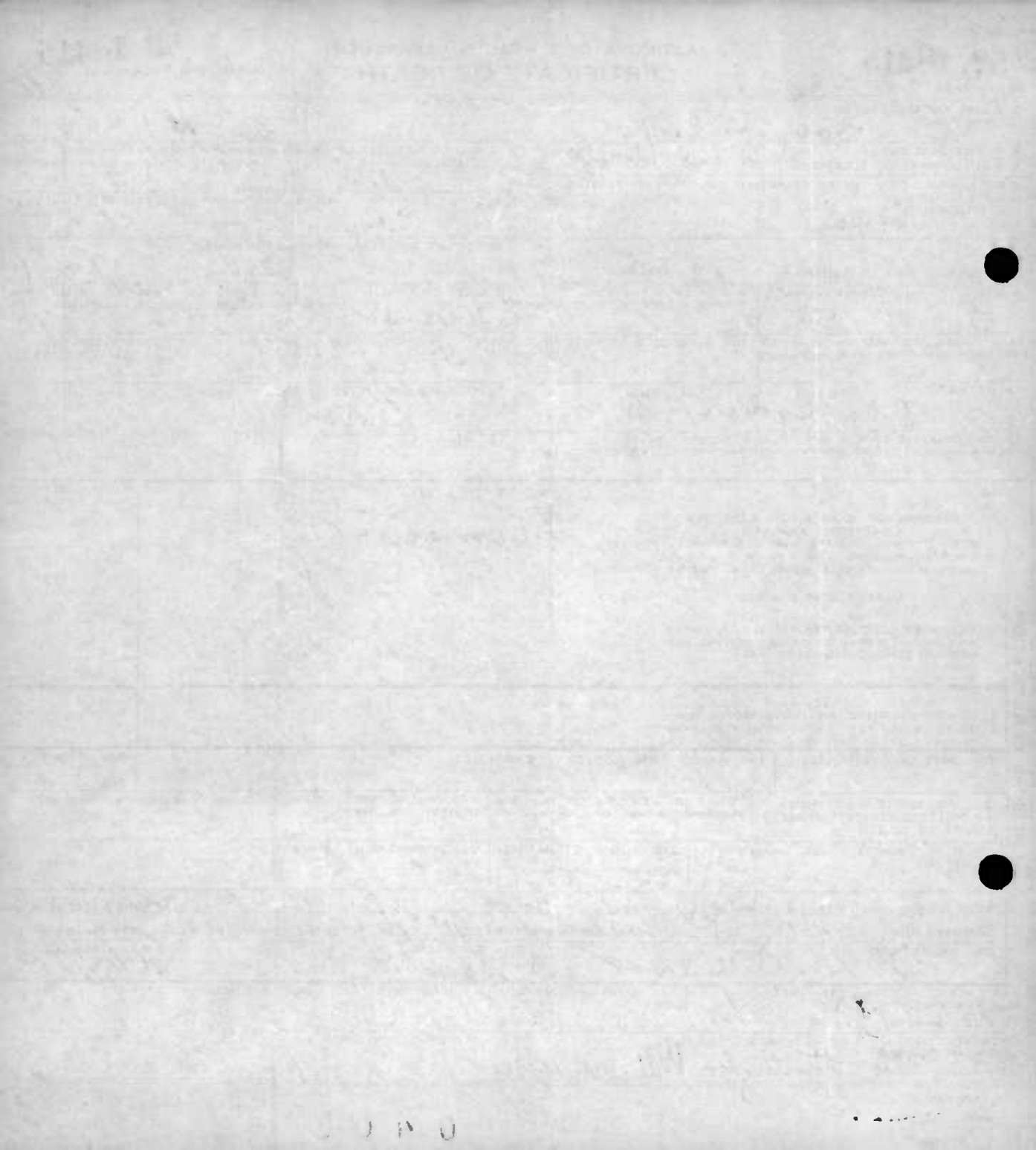
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

19520510407



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles Roberts

2. DATE
OF
DEATH

Nov. 12-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**Baltimore City Hospitals
4940 Eastern Ave.**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

1414 Ward St. zone 30

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 23-1921

9. AGE (In years last birthday)

31

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Roberts

14. MOTHER'S MAIDEN NAME

Martha Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **4940 Eastern Ave. ADDRESS
Records: Baltimore City Hospitals**

18. **602X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Terminal Uremia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **H ydropyonephrosis**

DUE TO

(C) **Obstruction By Renal Calculi**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-8**, 19**52**, to **11-12**, 19**52**, that I last saw the deceased alive on **11-12**, 19**52**, and that death occurred at **4PM** m., from the causes and on the date stated above.

23A. SIGNATURE

H. Kelson

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

11.13.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1952

Huntington Williams, M.D. & Kelson 1303

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

William H. H. H. M.D.
CHIEF OR ASST. MEDICAL EXAMINER

52 10417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10417
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. HELFRICH

2. DATE
OF
DEATH

November 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 5, 1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Account

10B. KIND OF BUSINESS OR
INDUSTRY
Southern Fuel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isadore Helfrich

FUEL CO. (W)

14. MOTHER'S MAIDEN NAME

Bertha Basil

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
218-09-0341

17. INFORMANT

ADDRESS

Margaret Lauber, 3019 Brendan Avenue

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic alcoholism

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 13, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/17/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1952

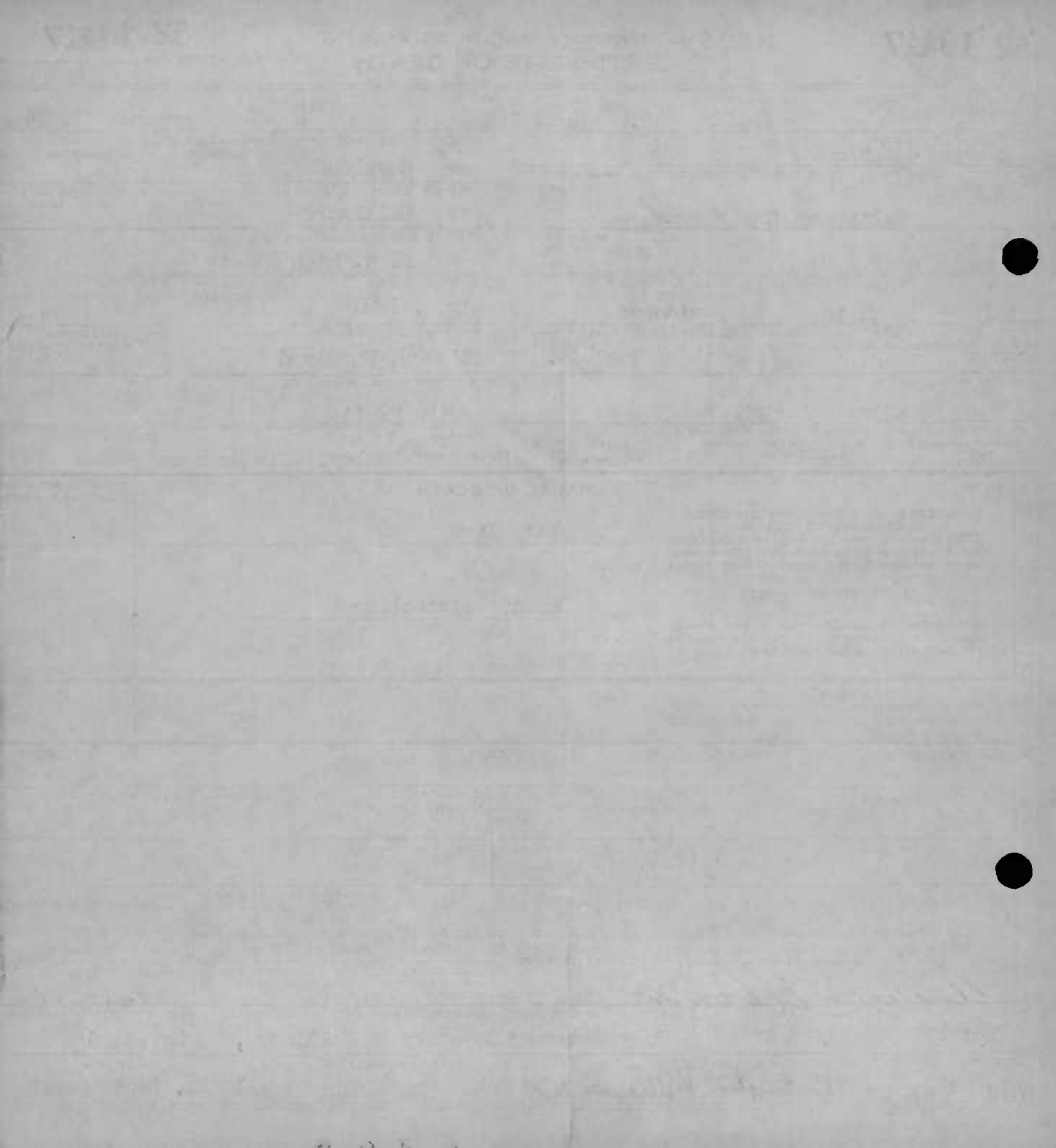
Huntington Williams, M.D.

Wm. Cook, Inc.

1217 St. Paul Street

VS 151

00066



52 10418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10418

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES E. HARTMAN

2. DATE
OF
DEATH November 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1313 Church Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1313 Church Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

July 27, 1886

9. AGE (In years
last birthday)

66

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Furniture Finisher

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Hartman

14. MOTHER'S MAIDEN NAME

Sarah K. Macelhaney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

(If yes, give war or dates of service)

W. W. I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Hill, 222 E. Cross Street

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11-11, 1952, to Nov 13, 1952, that I last saw the deceased alive on 4/11/52, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION,
REMOVAL (Specify)

burial

24B. DATE

11/17/52

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county)

Anne Arundel County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of hospice	
19. Signature of other institution		20. Signature of other place		21. Signature of other person	
22. Signature of other person		23. Signature of other person		24. Signature of other person	
25. Signature of other person		26. Signature of other person		27. Signature of other person	
28. Signature of other person		29. Signature of other person		30. Signature of other person	
31. Signature of other person		32. Signature of other person		33. Signature of other person	
34. Signature of other person		35. Signature of other person		36. Signature of other person	
37. Signature of other person		38. Signature of other person		39. Signature of other person	
40. Signature of other person		41. Signature of other person		42. Signature of other person	
43. Signature of other person		44. Signature of other person		45. Signature of other person	
46. Signature of other person		47. Signature of other person		48. Signature of other person	
49. Signature of other person		50. Signature of other person		51. Signature of other person	
52. Signature of other person		53. Signature of other person		54. Signature of other person	
55. Signature of other person		56. Signature of other person		57. Signature of other person	
58. Signature of other person		59. Signature of other person		60. Signature of other person	
61. Signature of other person		62. Signature of other person		63. Signature of other person	
64. Signature of other person		65. Signature of other person		66. Signature of other person	
67. Signature of other person		68. Signature of other person		69. Signature of other person	
70. Signature of other person		71. Signature of other person		72. Signature of other person	
73. Signature of other person		74. Signature of other person		75. Signature of other person	
76. Signature of other person		77. Signature of other person		78. Signature of other person	
79. Signature of other person		80. Signature of other person		81. Signature of other person	
82. Signature of other person		83. Signature of other person		84. Signature of other person	
85. Signature of other person		86. Signature of other person		87. Signature of other person	
88. Signature of other person		89. Signature of other person		90. Signature of other person	
91. Signature of other person		92. Signature of other person		93. Signature of other person	
94. Signature of other person		95. Signature of other person		96. Signature of other person	
97. Signature of other person		98. Signature of other person		99. Signature of other person	
100. Signature of other person		101. Signature of other person		102. Signature of other person	

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 10419	
1. NAME OF DECEASED (Type or Print) Frank Day			2. DATE OF DEATH Nov. 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospital 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave.. B. C. Hosp.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Jan. 22, 1881	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Day			14. MOTHER'S MAIDEN NAME Eliza Turner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.		
18. 420.1 and 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 6Mos.					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11-2-52		19B. MAJOR FINDINGS OF OPERATION Gastric Carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-30-40 , 19 52 , to Nov. 12 , 19 52 , that I last saw the deceased alive on Nov. 12 , 19 52 and that death occurred at 6.45am from the causes and on the date stated above.					
23A. SIGNATURE H. G. Williams		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 11-14-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/15/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR W. Spotted - 918 - Grand Hill Ave		24H. ADDRESS		24I. DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1952	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NOV 11 1951

100

100

CAUSE OF DEATH

100

100

326

McTzger

52 10420

BALTIMORE CITY HEALTH DEPARTMENT

52 10420

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

A. STATE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 770.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11/13, 1952, to 11/14, 1952, that I last saw the
deceased alive on 12:00 AM, 1952, and that death occurred at 1:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1 9 5 2 0 0 1 0 4 1 2

MEDICAL CERTIFICATION

00201 30

RECEIVED

00201 30

00201 30

253
52 10421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10421

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Araminta Holland Mc Intyre		2. DATE OF DEATH Nov. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1213 Luzerne Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 40 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1213 N. Luzerne Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 19, 1885
9. AGE (In years last birthday) 67		10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Long Green Valley, Baltimore County		12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?	
13. FATHER'S NAME William P. Allender		14. MOTHER'S MAIDEN NAME Araminta Holland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Mary Margaret McIntyre		ADDRESS 1213 Luzerne Av	

18. 444x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary infarction DUE TO Chr. Hypertension, Cardiac hypertrophy and arteriosclerosis (B) Grave infection (Septicemia 27 yrs before) DUE TO Injury to leg (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 4 hrs 27 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1925 , to Nov 13 , 19 52 , that I last saw the deceased alive on Nov 13, 1952 , and that death occurred at 1:00 A. m. , from the causes and on the date stated above.		
23A. SIGNATURE S. H. Hayward	23B. ADDRESS 13 E Sager St	23C. DATE SIGNED 11/14-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/17, 1952	24C. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24D. LOCATION (City, town, or county) (State) Long Green Maryland		

DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H. H. Williams & Son	ADDRESS 805 N. Calvert St
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MEDICAL CERTIFICATION

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CERTIFICATE OF DEATH

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52 10422

BIRTH NO.

WITTEKINDT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10422
Registered No.

1. NAME OF DECEASED (Type or Print) <i>WITTEKINDT J. William</i>			2. DATE OF DEATH <i>Nov. 13 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>md</i> b. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hosp</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt</i> <i>27-02</i>		
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>3207 Moravia Ave.</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>	8. DATE OF BIRTH <i>Jan. 20 1881</i>		9. AGE (In years last birthday) <i>71</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Penna R. R.</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, md</i>
13. FATHER'S NAME <i>Willekindt, John Henry</i>			14. MOTHER'S MAIDEN NAME <i>Thorner, Frederick</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>717-07-7653</i>		17. INFORMANT ADDRESS <i>Mrs R. France, 3411 Crowland Ave</i>

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Myocardial infarction</i> DUE TO <i>coronary thrombosis</i> (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
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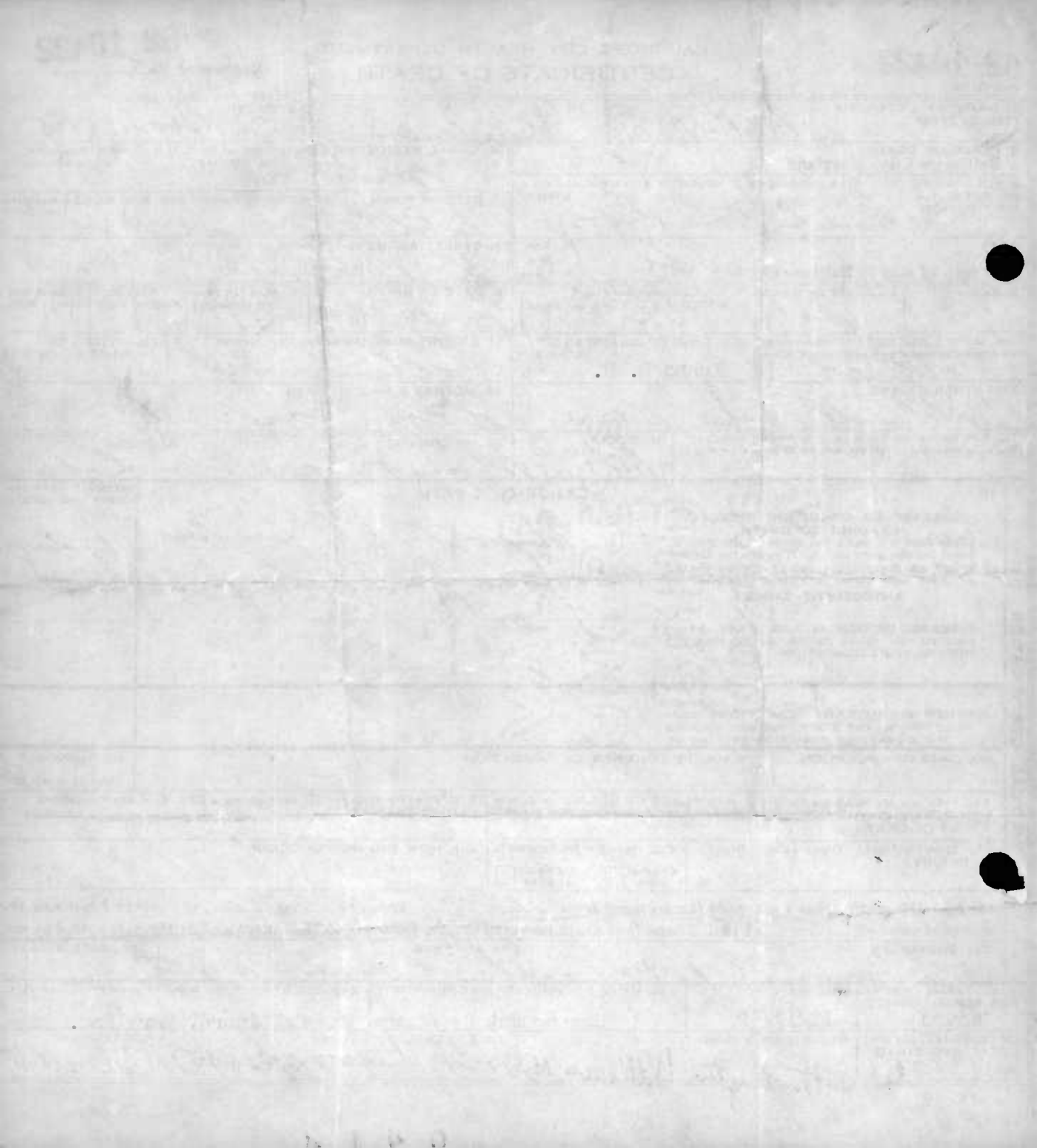
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Nov. 8, 1952* to *Nov 13, 1952* that I last saw the deceased alive on *Nov. 8 1952* and that death occurred at *7:05 AM.*, from the causes and on the date stated above.

23a. SIGNATURE *William H. Bond* M. D. 23b. ADDRESS *Church Home & Hospital* 23c. DATE SIGNED *Nov. 13, 52*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *11/17/52* 24c. NAME OF CEMETERY OR CREMATORY *Greenmount Cemetery* 24d. LOCATION (City, town, or county) (State) *Baltimore, Maryland.*

DATE RECEIVED BY LOCAL REGISTRAR *NOV 15 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR ADDRESS *St. Anselm & Son 805 N. Calvert St*



Query reply in Document File

Harry I Chant

250

52 10424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10424

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Florence Jackson</i>		2. DATE OF DEATH <i>11-10-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1209 Wilms Court</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 17-02</i>	
C. Length of stay in Baltimore <i>18 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1209 Wilms Court</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 19, 1891</i>
9. AGE (In years last birthday) <i>61</i>		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Winnabow S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Horace Jackson</i>		14. MOTHER'S MAIDEN NAME <i>Patsy Johnson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Eddie Jackson</i>		ADDRESS <i>1209 Wilms Ct</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertension</i> DUE TO <i>Cardio Vascular disease 1 yr</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <i>2-24</i> , 1932 to <i>11-10</i> , 1952, that I last saw the deceased alive on <i>11-10</i> , 1952, and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>W. Atwell Jones</i>		23B. ADDRESS <i>504 Dolphin St</i>	
23C. DATE SIGNED <i>11-14-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/15/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Wm. Calvary</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>Choy Wilson</i>		ADDRESS <i>1000 Broadway</i>	

VS 150

52 10424

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of hospital		19. Signature of nursing home		20. Signature of other institution	
21. Signature of other institution		22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution		28. Signature of other institution	
29. Signature of other institution		30. Signature of other institution		31. Signature of other institution		32. Signature of other institution	
33. Signature of other institution		34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution		40. Signature of other institution	
41. Signature of other institution		42. Signature of other institution		43. Signature of other institution		44. Signature of other institution	
45. Signature of other institution		46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution		52. Signature of other institution	
53. Signature of other institution		54. Signature of other institution		55. Signature of other institution		56. Signature of other institution	
57. Signature of other institution		58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution		64. Signature of other institution	
65. Signature of other institution		66. Signature of other institution		67. Signature of other institution		68. Signature of other institution	
69. Signature of other institution		70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution		76. Signature of other institution	
77. Signature of other institution		78. Signature of other institution		79. Signature of other institution		80. Signature of other institution	
81. Signature of other institution		82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution		88. Signature of other institution	
89. Signature of other institution		90. Signature of other institution		91. Signature of other institution		92. Signature of other institution	
93. Signature of other institution		94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution		100. Signature of other institution	

52 10425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 52-14593

1. NAME OF DECEASED
(Type or Print)

Stanley Davis

2. DATE
OF
DEATH

Nov. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1218 Asquith St.

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Stanley Davis Sr.

14. MOTHER'S MAIDEN NAME

Mary Felton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 475X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ~~3~~ Respiratory infection
(Acute upper)~~1st~~
1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ~~Myocardial~~

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1952 to 11/13, 1952, that I last saw the deceased alive on 11/13, 1952, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-15-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Brooklyn 2nd

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy S. Wilson 1000 Bronte

ADDRESS

NOT A MEDICAL EXAMINER'S CASE

R. Fisher M.D.

CHIEF OR ASST. MEDICAL EXAMINER

460

52 10426

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 10426

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Emory Thurmon J. Mallory</i>		2. DATE OF DEATH <i>Nov. 13, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1417 Myrtle Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>	
6. LENGTH OF STAY IN BALTIMORE <i>77 years</i>		D. STREET ADDRESS (If rural, give location) <i>1417 Myrtle Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 20, 1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Messenger</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Bank</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md. U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles Mallory</i>		14. MOTHER'S MAIDEN NAME <i>Susie Bond</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>1417 Myrtle Ave.</i>	

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage (Right)*
DUE TO

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive cardiovascular Disease*
DUE TO

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION *0*

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *10-20* 1951, to *11-13* 1952, that I last saw the deceased alive on *11-13* 1952, and that death occurred at *6:45* a.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1952

*Huntington Williams, M.D.**1631 S. Druid Hill Ave.*

2 1968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DE 100-1

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Race: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Manner of death: [illegible]
9. Signature of physician: [illegible]
10. Signature of registrar: [illegible]

11. Signature of informant: [illegible]
12. Date of completion: [illegible]

13. [illegible]
14. [illegible]
15. [illegible]
16. [illegible]
17. [illegible]
18. [illegible]
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93. [illegible]
94. [illegible]
95. [illegible]
96. [illegible]
97. [illegible]
98. [illegible]
99. [illegible]
100. [illegible]

52 10427

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10427

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VERMILION, Henise

2. DATE
OF
DEATH

11/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Univision Hospital

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Elkridge

6300

D. STREET ADDRESS (If rural, give location)

1930 Elkridge Heights

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 4, 1880

9. AGE (In years last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

George J. Laynor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

11. BIRTHPLACE (State or foreign country)

Elkridge Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Marian Virginia Helmsling

17. INFORMANT

Mrs Baxter L. Vickers Elkridge Heights

ADDRESS

1937

18. 420.1 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

myocardial infarction

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

17 d

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

chronic artery disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

uremia, diabetes

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3 1952 to 11/13 1952, that I last saw the deceased alive on 11/13 1952 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George B. Smith, Jr.

M. O.

23B. ADDRESS

1100 W. 1st St. Baltimore Md

23C. DATE SIGNED

11/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Melville Methodist

24D. LOCATION (City, town, or county)

Elkridge, Howard Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thermy W. Jenkins + Sons Co.

ADDRESS

4905 York Road

160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10428

Registered No.

52 10428
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA G. COOPER		2. DATE OF DEATH 11/13/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Sinai Hosp of Balt, Inc		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baito. 23-02	
6. LENGTH OF stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 9 E. FORT AVE.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 1-19-97
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10B. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Reddish		14. MOTHER'S MAIDEN NAME Mary Hoffman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Family - Sam		ADDRESS	

18. 584X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema DUE TO (A) Pulmonary edema (B) Congestive failure DUE TO (C)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

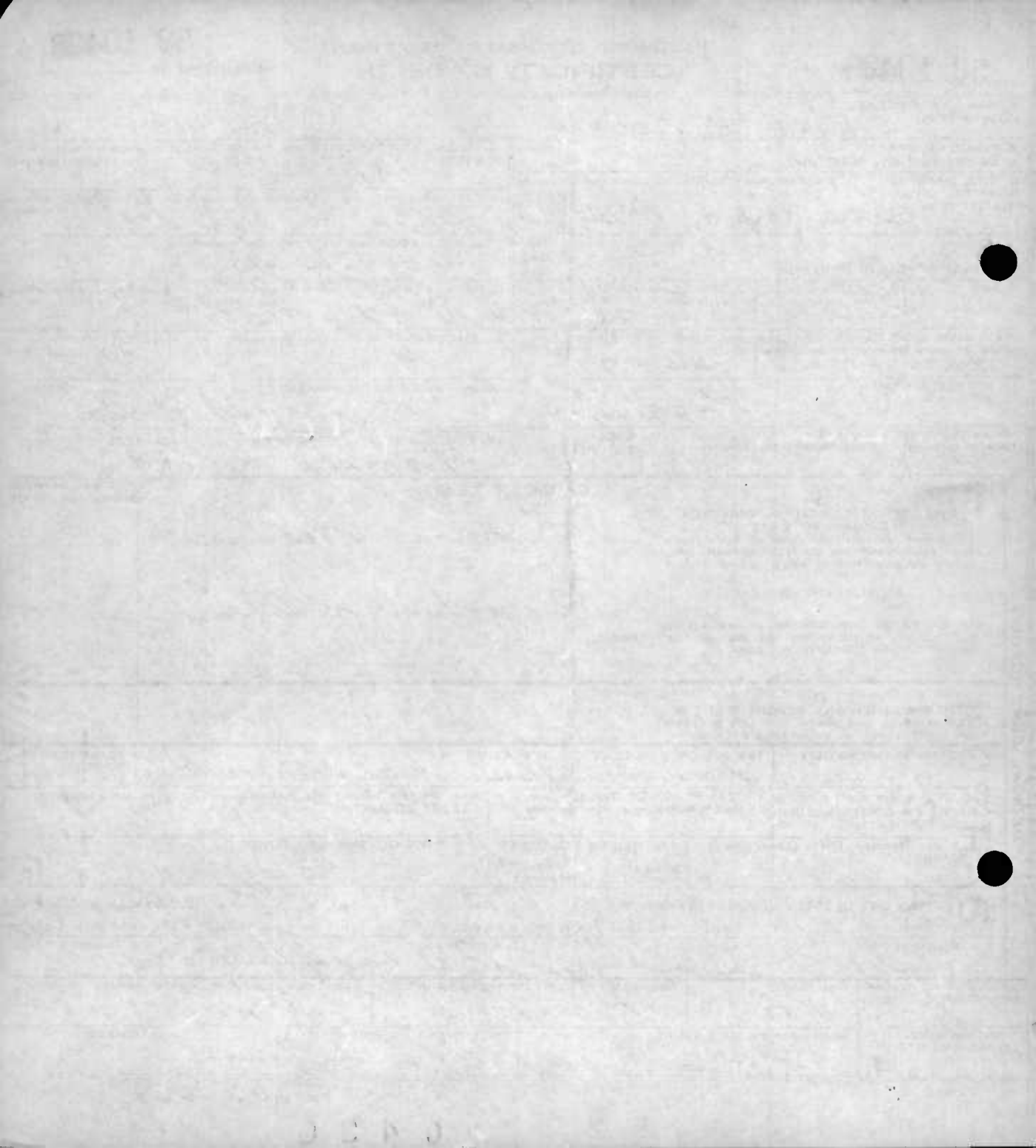
19A. DATE OF OPERATION 11/13/52		19B. MAJOR FINDINGS OF OPERATION chronic cholecystitis + cholelithiasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/13 , 19 52 to 11/13 , 19 52 that I last saw the deceased alive on 11/13 , 19 52 and that death occurred at 6:10 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Stanley M. Silverberg M. D.		23B. ADDRESS Sinai Hosp of Balt.		23C. DATE SIGNED 11/13/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 11-17-52		24C. NAME OF CEMETERY OR CREMATORY MORELAND		24D. LOCATION (City, town, or county) (State) Baito	
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. L. Carey		ADDRESS 130 E. FORT AVE.	

VS 150

1952010420

MEDICAL CERTIFICATION



52 10429

AJH

164899

BALTIMORE CITY HEALTH DEPARTMENT

52 10429

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

John R. Kunz

2. DATE

OF

DEATH

11.14.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

(If not in hospital or institution, give street address or location)
Baltimore City Hospital
4940 Eastern Ave

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

23-01

D. STREET ADDRESS (If rural, give location)

1322 S. Hanover St

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 18. 1861

9. AGE (In years

last birthday)

90

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cabinet Maker.

10B. KIND OF BUSINESS OR INDUSTRY

Goldstrum Bros.

13. FATHER'S NAME

Alex Kunz

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Catherine Benman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Miss Catherine Kunz, 1322 Hanover St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro Vascular Accident

DUE TO

3 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

1 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.12.52, 19, to 11.14, 1952, that I last saw the deceased alive on 11.14, 1952, and that death occurred at 9. a m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

11.14.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Louden Park Cem.

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1952

Huntington Williams, M.D.

J. H. Jones, Jr.

1410 S. Charles St

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Police Officer		15. Signature of Burial Officer	
16. Signature of Undertaker		17. Signature of Funeral Home		18. Signature of Cemetery		19. Signature of Burial Place		20. Signature of Burial Date	
21. Signature of Burial Time		22. Signature of Burial Location		23. Signature of Burial Direction		24. Signature of Burial Orientation		25. Signature of Burial Orientation	
26. Signature of Burial Orientation		27. Signature of Burial Orientation		28. Signature of Burial Orientation		29. Signature of Burial Orientation		30. Signature of Burial Orientation	
31. Signature of Burial Orientation		32. Signature of Burial Orientation		33. Signature of Burial Orientation		34. Signature of Burial Orientation		35. Signature of Burial Orientation	
36. Signature of Burial Orientation		37. Signature of Burial Orientation		38. Signature of Burial Orientation		39. Signature of Burial Orientation		40. Signature of Burial Orientation	
41. Signature of Burial Orientation		42. Signature of Burial Orientation		43. Signature of Burial Orientation		44. Signature of Burial Orientation		45. Signature of Burial Orientation	
46. Signature of Burial Orientation		47. Signature of Burial Orientation		48. Signature of Burial Orientation		49. Signature of Burial Orientation		50. Signature of Burial Orientation	
51. Signature of Burial Orientation		52. Signature of Burial Orientation		53. Signature of Burial Orientation		54. Signature of Burial Orientation		55. Signature of Burial Orientation	
56. Signature of Burial Orientation		57. Signature of Burial Orientation		58. Signature of Burial Orientation		59. Signature of Burial Orientation		60. Signature of Burial Orientation	
61. Signature of Burial Orientation		62. Signature of Burial Orientation		63. Signature of Burial Orientation		64. Signature of Burial Orientation		65. Signature of Burial Orientation	
66. Signature of Burial Orientation		67. Signature of Burial Orientation		68. Signature of Burial Orientation		69. Signature of Burial Orientation		70. Signature of Burial Orientation	
71. Signature of Burial Orientation		72. Signature of Burial Orientation		73. Signature of Burial Orientation		74. Signature of Burial Orientation		75. Signature of Burial Orientation	
76. Signature of Burial Orientation		77. Signature of Burial Orientation		78. Signature of Burial Orientation		79. Signature of Burial Orientation		80. Signature of Burial Orientation	
81. Signature of Burial Orientation		82. Signature of Burial Orientation		83. Signature of Burial Orientation		84. Signature of Burial Orientation		85. Signature of Burial Orientation	
86. Signature of Burial Orientation		87. Signature of Burial Orientation		88. Signature of Burial Orientation		89. Signature of Burial Orientation		90. Signature of Burial Orientation	
91. Signature of Burial Orientation		92. Signature of Burial Orientation		93. Signature of Burial Orientation		94. Signature of Burial Orientation		95. Signature of Burial Orientation	
96. Signature of Burial Orientation		97. Signature of Burial Orientation		98. Signature of Burial Orientation		99. Signature of Burial Orientation		100. Signature of Burial Orientation	

52 10430

BIRTH NO.

CERTIFICATE CORRECTED 2/25/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10430
Registered No.1. NAME OF DECEASED
(Type or Print)

GEORGE S. HARMISON

2. DATE
OF
DEATH

4-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Fletcher Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

16-07

O. STREET ADDRESS (If rural, give location)

1218 OAKHURST PL. #16

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale Plumbing Supply

13. FATHER'S NAME

Morgan S. Harmison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME

Martha Prudence Thompson

17. INFORMANT

ADDRESS

Mrs. Lillian S. Harmison-1218 Oakhurst Pl.

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Generalized metastatic malignancy, type undetermined
DUE TO
(B) possible source peri-bronchial

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO Uremia Carcinoma, anaplastic, metastatic, lungs, brain, dura, bones (diffuse)
(C) liver, regional lymph nodes and superior mediastinumII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-27-52, 19__, to 11-14-52 19__, that I last saw the deceased alive on 11-14-52, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/17/52

Woodlawn Cem.

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 15 1952

Huntington Williams, M.D.

William J. Tiekner & Son

VS 150

1952039064

Balto. 17, Md.

MEDICAL CERTIFICATION

See query reply in document file

120
52 10431BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10431

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HENRY FLORY DAVIS		2. DATE OF DEATH Nov. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3600 Forest Park Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3600 Forest Park Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 4, 1901	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Gas Engineering		10B. KIND OF BUSINESS OR INDUSTRY G & E Co.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Henry Allen Davis		14. MOTHER'S MAIDEN NAME Clair Flory		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mary B. Davis - 3600 Forest Pk Ave.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Vascular Disease DUE TO Nov 14 Coronary Thrombosis (B) Arteriosclerosis DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2 yrs Sudden		19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION			
19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 27, 1951 , to Nov 14, 1952 , that I last saw the deceased alive on Nov 11, 1952 , and that death occurred at 9:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE William J. Dickner		M. D.		23B. ADDRESS 2520 Garrison Blvd	
23C. DATE SIGNED Nov 15/52					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE NOV 17 1952		24C. NAME OF CEMETERY OR CREMATORY St. Thomas Cem.	
24D. LOCATION (City, town, or county) Garrison Forest, Md.		(State)			
DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Dickner & Sons	
VS 150		ADDRESS Balto 17, Md.			

1981 23

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1981 23

1981 23

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death		6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician		11. Signature of Registrar		12. Signature of Medical Examiner	
								</															

300
52 10432BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10432
Registered No.

1. NAME OF DECEASED (Type or Print)		FREDERICK IRVIN WHEAT		2. DATE OF DEATH Nov. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 221 Ridgemed Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01			
D. STREET ADDRESS (If rural, give location) 221 Ridgemed Rd.		c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 5, 1887	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Manager (rtd)		10B. KIND OF BUSINESS OR INDUSTRY Fertilizer	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. R. Wheat		14. MOTHER'S MAIDEN NAME Annie Groscup			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215 - 05 - 5377		17. INFORMANT ADDRESS Mrs. Emily E. Wheat - 221 Ridgemed Rd.	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO cerebral Hemorrhage 2 wks. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Hypertensive Cardiovascular Disease 5 yrs. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1941, to Nov. 13, 1952, that I last saw the deceased alive on Nov. 13, 1952, and that death occurred at 6:45 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Paul L. Chambers		23B. ADDRESS 4108 Liberty Hts. C.		23C. DATE SIGNED 11/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/15/52		24C. NAME OF CEMETERY OR CREMATORY Oakdale Cem.	
24D. LOCATION (City, town, or county) Wilmington, N. C.		24E. LOCATION (State) (State)			
24F. DATE RECEIVED BY LOCAL REGISTRAR NOV 15 1952		24G. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24H. FUNERAL DIRECTOR Thos. J. Vickers & Sons	
24I. ADDRESS 2904 B 4 2 1 Balto 17, Md.					

B-230
52 10433BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 52 10433

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mabel Haller Best		2. DATE OF DEATH Nov. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Dr. Surg. Hall 1		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE DC. B. COUNTY V-48	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington	
D. STREET ADDRESS (If rural, give location) 3867 Alabama Ave SE.		E. DATE OF BIRTH 1-23-1901	
F. AGE (In years last birthday) 51		G. If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) W. Va		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Goodwin		14. MOTHER'S MAIDEN NAME Anna Gashley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 199.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) metastatic tumor DUE TO in brain	CAUSE OF DEATH metastatic tumor DUE TO in brain	INTERVAL BETWEEN ONSET AND DEATH 5 months
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. primary undetermined DUE TO primary undetermined		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Oct 25, 52	19B. MAJOR FINDINGS OF OPERATION obstructive hydrocephalus - tumor at floor 3rd ventricle.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9/18 , 19 52 , to 11/15 , 19 52 , that I last saw the deceased alive on 11/15 , 19 52 and that death occurred at 11:55 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE J. M. Queen	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 11-15-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) Washington D.C.		(State)

DATE RECEIVED BY LOCAL REGISTRAR NOV 16 1952	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR William J. Ticknor & sons	ADDRESS North + Penna ave
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25-11-1953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

25-11-1953

1953 Nov 25

John William Taylor

1911

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CAUSE OF DEATH

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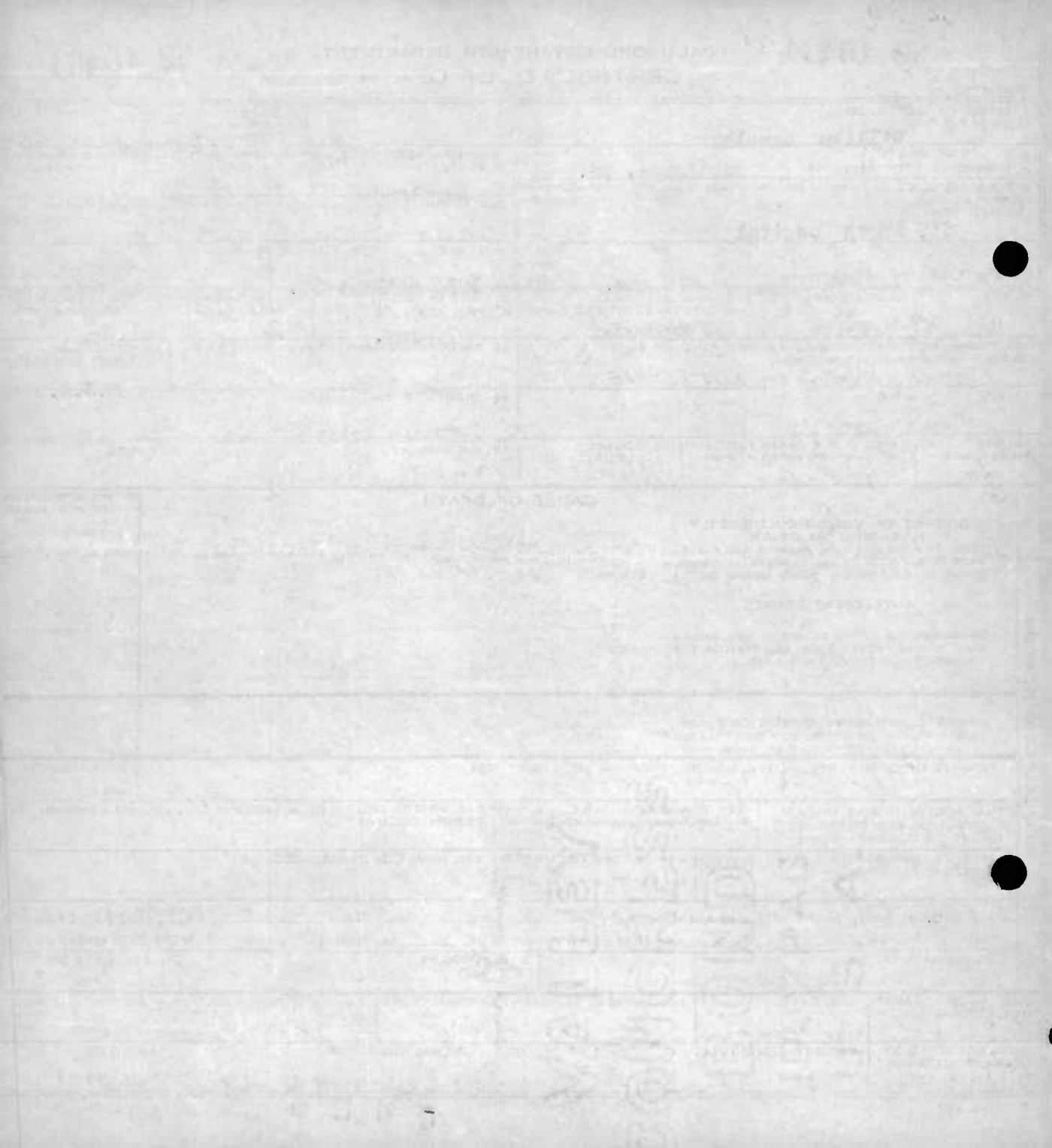
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C-540
52 10434BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10434

BIRTH NO.		2. DATE OF DEATH November 15, 1952	
1. NAME OF DECEASED (Type or Print) William Connelly		3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital	
4. USUAL RESIDENCE (Where deceased lived, if institution, resident before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1926 Hollins St.		5. LENGTH OF STAY IN BALTIMORE 75 yrs.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 12, 1877 75 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Storekeeper		10B. KIND OF BUSINESS OR INDUSTRY GROCERIES	
13. FATHER'S NAME Timothy Connelly		14. MOTHER'S MAIDEN NAME Caroline Kelly	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Anna T. Connelly		ADDRESS	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Mitral Insufficiency - left ventricular failure DUE TO Atherosclerotic C.V. Disease (B) _____ DUE TO _____ (C) _____ INTERVAL BETWEEN ONSET AND DEATH		19. DATE OF OPERATION 0	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-14, 1952 to 11-15, 1952, that I last saw the deceased alive on 11-15, 1952, and that death occurred at 1 P.m., from the causes and on the date stated above.			
23A. SIGNATURE George Allen		23B. ADDRESS St. Agnes Hospital	
23C. DATE SIGNED 11-15-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov-18, 1952	
24C. NAME OF CEMETERY OR CREMATORY London Park		24D. LOCATION (City, town, or county) BALTIMORE, Md.	
25. FUNERAL DIRECTOR Geo. L. Schwab 2101 Frederick Ave.		25. FUNERAL DIRECTOR ADDRESS	
25. FUNERAL DIRECTOR ADDRESS			



4-220
52 10435BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10435
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED E. LUCAS

2. DATE
OF
DEATH

Nov 13, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

Yrs.
Mos.
Days

length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Lansdowne

D. STREET ADDRESS (If rural, give location)

121 Third Avenue

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

Cosmetics & Deodorants

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Lucas

(M)

14. MOTHER'S MAIDEN NAME

Dorothy Bowen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Lucas 121 3rd Ave.

18. E894.3 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Asphyxiation
DUE TO Freon inhalation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

industrial

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Stalport Pressure-Pack Co.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Nov. 13, 1952

21E. INJURY OCCURRED
m. WHILE AT ☒ WORK
N. AT WORK ☐

21F. HOW DID INJURY OCCUR?

Overcome when he
went into tank to clean it out 53-5122. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 14, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 2101 Frederick Ave.

Called Ned Evans - Dr. Fisher.

He said Freon is same gas as
found in refrigerators &
gas in group E 894.

5-130
52 10436BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10436

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CHARLES ADAM SPANN		2. DATE OF DEATH Nov. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 9 S. Linwood Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-02			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 9 S. Linwood Avenue			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 28, 1891	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10B. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John A. Spann		14. MOTHER'S MAIDEN NAME Sophia Myers		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WW1		17. INFORMANT 1518 Sheffield Road John C.E. Berends	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarction ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Arteriosclerosis II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary Emphysema		CAUSE OF DEATH (A) Acute Myocardial Infarction DUE TO (B) Coronary Arteriosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1952 to Nov 13, 1952 , that I last saw the deceased alive on Nov 11, 1952 , and that death occurred at 10:00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE George S. Patton		23B. ADDRESS 1101 St. Paul St.		23C. DATE SIGNED Nov 14, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/15/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	

NOV 16 1952
VS 150
Huntington Williams, M.D.
2906 N. George St. Sander

1948

CERTIFICATE OF DEATH

1948



52 10437

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10437

Registered No.

BIRTH NO.		2. DATE OF DEATH Nov. 13 1952	
1. NAME OF DECEASED (Type or Print) Larsel Lee		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-02	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 422 East St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-17-1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10B. KIND OF BUSINESS OR INDUSTRY gr	9. AGE (In years last birthday) 46	If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTH PLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? ?	
13. FATHER'S NAME Henry Lee		14. MOTHER'S MAIDEN NAME Georgeanna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 224-09-3776	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cerebral thrombosis (right) DUE TO (B) Arteriosclerosis DUE TO (C) Diabetes mellitus	INTERVAL BETWEEN ONSET AND DEATH 5 days 8 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11/13, 1952, to 11/13, 1952, that I last saw the deceased alive on 11/13, 1952, and that death occurred at 12:10 p. m., from the causes and on the date stated above.		
23A. SIGNATURE M. D. M. D. W. S. S. S.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 11-13-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 16-1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) A. A. Co. Md.	25. FUNERAL DIRECTOR Robert Williams 1550 Eldred St.	
DATE RECEIVED BY LOCAL REGISTRAR 1-6-1952	REGISTRAR'S SIGNATURE Huntington Williams M.D.	ADDRESS

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH DEPARTMENT

NEW YORK

NAME OF DECEASED

RESIDENT

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

EXAMINER'S SIGNATURE

DATE

PLACE

SEX

AGE

EDUCATION

DATE

SEX

EDUCATION

5-432
52 10438BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10438
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dena Seltzer (DENNA Seltzer)

2. DATE
OF DEATH

11-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F Whites

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3705 Cederdale Ave.

8. DATE OF BIRTH

3-14-38

9. AGE (In years last birthday)

14

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry

14. MOTHER'S MAIDEN NAME

Jessie Singer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, and if known)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Harry Seltzer

ADDRESS

Same

18. 754.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Embolism

DUE TO

(B) Congenital Heart Disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1952 to Nov 14, 1952, that I last saw the deceased alive on Nov 14, 1952, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Jack Fine

23B. ADDRESS

M. D. Sinai Hospital

23C. DATE SIGNED

Nov 14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-16-52

24C. NAME OF CEMETERY OR CREMATORY

Wash. Rd.

24D. LOCATION (City, town, or county)

Balt

(State)

Md

DATE RECEIVED BY

NOV 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Just Lewis Inc

ADDRESS

2100 Eutan Pl

VS 150

19520010430

MEDICAL CERTIFICATION

Q 540

B-615
52 10439BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10439

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BAGETTE BRAYMANN

2. DATE
OF
DEATH

11-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE

(Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2233 Brookfield Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 13-02

D. STREET ADDRESS (If rural, give location)

2233 Brookfield Ave

Length of stay in Baltimore

16

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year
Months Days Hours Min.

17 1/4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Abraham Braymann - house

18. 422.1 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocard. degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATHabout
2 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/23/1952 to 11/14/1952, that I last saw the
deceased alive on 11/14/1952, and that death occurred at 8:11 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1952

VS 150

19520010431

Memoranda
912 Boone Lane

S-253
52 10440BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10440
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John J. Schmitt

2. DATE
OF
DEATH

Nov. 14 - 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

215 N. Castle St.

Yrs.

Mos.

Days

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 26 1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman Rices Bby

10B. KIND OF BUSINESS OR
INDUSTRY

Bakery

13. FATHER'S NAME

Casper Schmitt

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-05-1512

17. INFORMANT

ADDRESS

Rose F. Schmitt 215 N. Castle St.

18. 416x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Rheumatic Heart Disease

DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 26, 1949 to Nov. 14, 1952, that I last saw the deceased alive on Nov. 13, 1952 and that death occurred at 6:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. LeDoux

M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

11/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 17 - 52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Dippel Bros. 1800 E. Lombard St.

NOV 16 1952

52 342 0 4 3 2

35-110

RECEIVED AT DEATH

11/15/58

Domestic Health Insurance

35

Nov.

19

1958

0:00A

35

Nov. 15

11/15/58

Domestic Health Insurance

U.S.A.

11/15/58

11/15/58

F-260
52 10441

52 10441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>George Fisher</u>			2. DATE OF DEATH <u>November 12/1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>2-02</u>		
6. Length of stay in Baltimore <u>50YRS</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>17 S. Broadway</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>8-13-69</u>	9. AGE (In years last birthday) <u>83</u>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMAN</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		
11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>CARL FISHER</u>			14. MOTHER'S MAIDEN NAME <u>YULLYANA.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE.</u>		
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>			ADDRESS		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>acute posterior myocardial infarction</u> DUE TO <u>coronary arteriosclerosis</u>	CAUSE OF DEATH (A) <u>acute posterior myocardial infarction</u> DUE TO <u>coronary arteriosclerosis</u> (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>?</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <u>2</u>	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10-7, 1952, to 11-12, 1952, that I last saw the deceased alive on 11-12, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE <u>Richard Holmes</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>12-14-52.</u>
---	---	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>NOV 17 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>BALTIMORE CEM.</u>	24D. LOCATION (City, town, or county) (State) <u>NORTH AUSTIN CAL ST MD</u>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Defibel Bldg. 1800 ELOY BARD ST.</u>	ADDRESS

NOV 16 1952

VS 150

Huntington Williams, M.D.

52 10441

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of medical examiner		20. Signature of pathologist		21. Signature of toxicologist	
22. Signature of forensic anthropologist		23. Signature of forensic odontologist		24. Signature of forensic psychologist	
25. Signature of forensic psychiatrist		26. Signature of forensic linguist		27. Signature of forensic artist	
28. Signature of forensic photographer		29. Signature of forensic videographer		30. Signature of forensic scientist	
31. Signature of forensic chemist		32. Signature of forensic biologist		33. Signature of forensic geologist	
34. Signature of forensic meteorologist		35. Signature of forensic astronomer		36. Signature of forensic physicist	
37. Signature of forensic mathematician		38. Signature of forensic statistician		39. Signature of forensic economist	
40. Signature of forensic sociologist		41. Signature of forensic anthropologist		42. Signature of forensic archaeologist	
43. Signature of forensic historian		44. Signature of forensic linguist		45. Signature of forensic artist	
46. Signature of forensic photographer		47. Signature of forensic videographer		48. Signature of forensic scientist	
49. Signature of forensic chemist		50. Signature of forensic biologist		51. Signature of forensic geologist	
52. Signature of forensic meteorologist		53. Signature of forensic astronomer		54. Signature of forensic physicist	
55. Signature of forensic mathematician		56. Signature of forensic statistician		57. Signature of forensic economist	
58. Signature of forensic sociologist		59. Signature of forensic anthropologist		60. Signature of forensic archaeologist	
61. Signature of forensic historian		62. Signature of forensic linguist		63. Signature of forensic artist	
64. Signature of forensic photographer		65. Signature of forensic videographer		66. Signature of forensic scientist	
67. Signature of forensic chemist		68. Signature of forensic biologist		69. Signature of forensic geologist	
70. Signature of forensic meteorologist		71. Signature of forensic astronomer		72. Signature of forensic physicist	
73. Signature of forensic mathematician		74. Signature of forensic statistician		75. Signature of forensic economist	
76. Signature of forensic sociologist		77. Signature of forensic anthropologist		78. Signature of forensic archaeologist	
79. Signature of forensic historian		80. Signature of forensic linguist		81. Signature of forensic artist	
82. Signature of forensic photographer		83. Signature of forensic videographer		84. Signature of forensic scientist	
85. Signature of forensic chemist		86. Signature of forensic biologist		87. Signature of forensic geologist	
88. Signature of forensic meteorologist		89. Signature of forensic astronomer		90. Signature of forensic physicist	
91. Signature of forensic mathematician		92. Signature of forensic statistician		93. Signature of forensic economist	
94. Signature of forensic sociologist		95. Signature of forensic anthropologist		96. Signature of forensic archaeologist	
97. Signature of forensic historian		98. Signature of forensic linguist		99. Signature of forensic artist	
100. Signature of forensic photographer		101. Signature of forensic videographer		102. Signature of forensic scientist	

30 A 0

H-530
52 10442

52 10442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HATTIE HUNT

2. DATE
OF
DEATH

12/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 221- S. BROADWAY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 2-02D. STREET ADDRESS (If rural, give location)
221- S. BROADWAY ST.

C. Length of stay in Baltimore

13

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HAIRDRESSER

10B. KIND OF BUSINESS OR INDUSTRY

LABOR- MCCORMICK CO

13. FATHER'S NAME

Louis HUNT

11. BIRTHPLACE (State or foreign country)

MATEWAN, W.V.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

PRICY ALLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SISTER - 221- S. BROADWAY

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMA - CERVIX.

3 YRS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

LOBAR PNEUMONIA.

1 WEEK.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 19, 1952 to NOV 14, 1952, that I last saw the deceased alive on NOV. 6, 1952, and that death occurred at 2:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Ballena,

M. D.

23B. ADDRESS

1036- N. Calvert St

23C. DATE SIGNED

11/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL
DATE RECEIVED BY
LOCAL REGISTRARNOV 17 1952
REGISTRAR'S SIGNATURE

BELAIR MEMORIAL PARK CEM

BELAIR

MD

25. FUNERAL DIRECTOR

ADDRESS

NOV 16 1952
Huntington Williams, MD
740 8th St 3 A

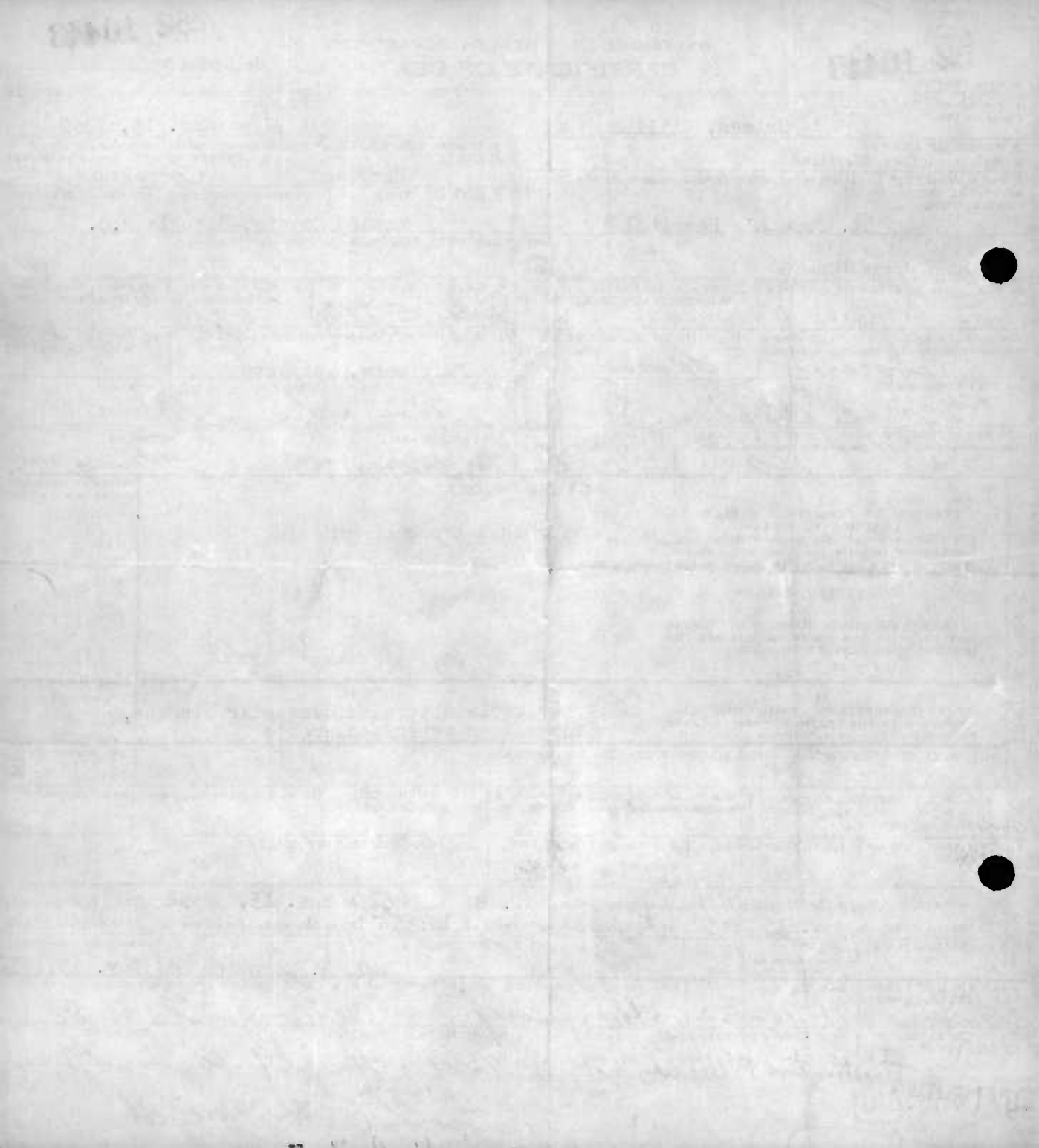
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Grimes, William		Nov. 15, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland B. COUNTY Howard			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
St. Joseph's Hospital		Howard County, Glengle P.O.			
D. STREET ADDRESS (If rural, give location)		6300			
Length of stay in Baltimore		7			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	White	Widower	July 15, 1870	83	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Laborer		Harmon		Baltimore, Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
George Grimes		? - Snyder			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no		none		Mr. George Grimes - Glengle, Md.	

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Terminal bronchopneumonia			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Arteriosclerotic cardiovascular disease, Generalized arteriosclerosis			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 8, 1952, to Nov. 15, 1952, that I last saw the deceased alive on Nov. 15, 1952, and that death occurred at 10:55m., from the causes and on the date stated above.

23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Carleton		1400 N. Caroline St		Nov. 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		11-18-52		Harmon	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Md. Cookville, Md.		Worce & Haight - Hydeville, Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
		Huntington Williams, M.D.		Luther A. Haight	



52 10444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10444

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis H. Comegys

2. DATE
OF
DEATH

11-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md.

B. COUNTY

26-10

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

529 N. Bouldin Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland.

D. STREET ADDRESS (If rural, give location)

529 N. Bouldin Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-10-80

9. AGE (In years
last birthday)

72

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Hoschild Kohn Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Cornelius Comegys

Dept Stra

14. MOTHER'S MAIDEN NAME

Rebecca ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Bertha Comegys

ADDRESS

same

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Respiratory Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Carcinoma of lung

8/8/52

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Pt. was admitted to University
Hosp. from 8/8/52 to 8/13/52
and refused operation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/8/52, 19__, to 8/13/52, 19__, that I last saw the
deceased alive on 8/13/52, 19__, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-17-52

Baltimore

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1952

Huntington Williams, M.D.

Lilly & Zeiler, Inc. 403 S. Wolfe Str.

VS 150

5F36C 0436

MEDICAL CERTIFICATION

20
52 10445BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10445
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARL DAVIS

2. DATE
OF
DEATH Nov. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Dundalk

D. STREET ADDRESS (If rural, give location)

2508 Ambler Court

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7-29-88

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Auto Parts

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? MOTOR TRUCKS (M)

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Susie L. Davis -

same

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

In.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Nov. 14, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-17-52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Balto - Co - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

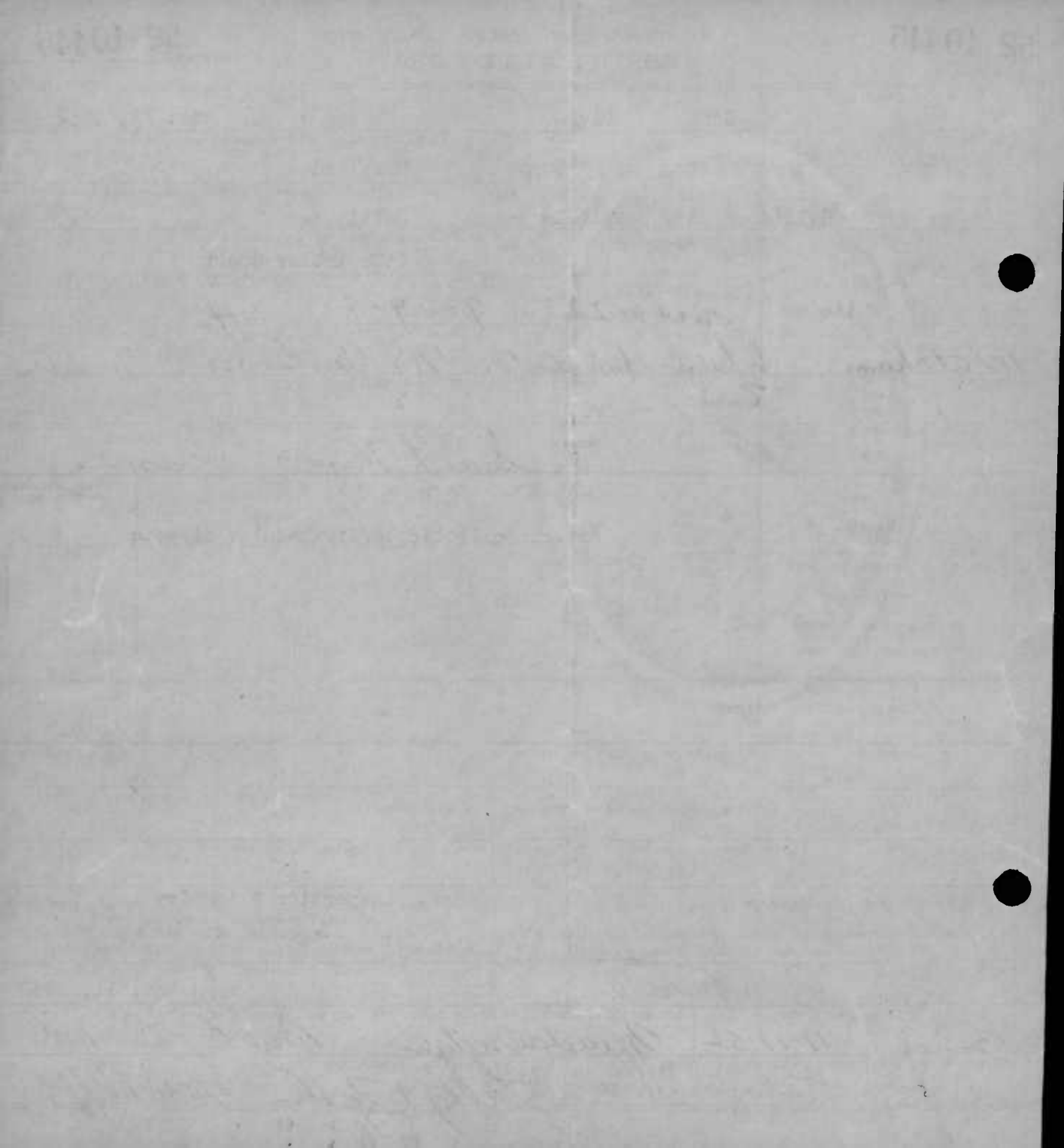
ADDRESS

NOV 17 1952

Silly + Zehn 403 S. 10th St

VS 151

26338 0437



65
52 10446BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10446
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>WALLACE ABRAMS</u>			2. DATE OF DEATH <u>NOV. 16-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1326 PENTWOOD RD.</u>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>MD</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE MARYLAND 27-09</u>		
c. Length of stay in Baltimore <u>5 YRS</u>			D. STREET ADDRESS (If rural, give location)		
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>OCT 31 1866</u>	9. AGE (In years last birthday) <u>86</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>	11. BIRTHPLACE (State or foreign country) <u>PETESON H. J</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>HENRY J</u>			14. MOTHER'S MAIDEN NAME <u>SARAH KENNEDY TEXHUTIE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>HIGH</u>	17. INFORMANT ADDRESS <u>HENRY J ABRAMS, 11 ELMWOOD H I</u>		

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Chronic myocarditis
DUE TO5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis
DUE TO
(C)10 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1948, to Nov 16, 1952 that I last saw the deceased alive on Nov 15, 1952, and that death occurred at 2:15 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

HO -0708

TU 42W

453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10447

52 10447
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Bertha Bland</i>		2. DATE OF DEATH <i>November 12, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-01</i>	
6. Length of stay in Baltimore <i>?</i>		D. STREET ADDRESS (If rural, give location) <i>4210 N. Charles St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-26-06</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Part. family</i>	9. AGE (In years last birthday) <i>46</i>
13. FATHER'S NAME <i>?</i>		11. BIRTHPLACE (State or foreign country) <i>D. C.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarct</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Arteriosclerotic Cardiovascular Disease</i>		<i>Many years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>?</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-11*, 1952, to *11-12*, 1952, that I last saw the deceased alive on *11-12*, 1952, and that death occurred at *9:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE
Huntington

23B. ADDRESS
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED
11/13/52

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. A. B. B. B.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Geo. H. Nelson</i>	

1957-2004 1303 Presstman St

MEDICAL CERTIFICATION

MINISTÈRE DE LA SANTÉ
CERTIFICATE OF DEATH

CAUSE OF DEATH

DECEASED'S FULL NAME
SEX
AGE
DATE OF BIRTH
PLACE OF BIRTH
DATE OF DEATH
PLACE OF DEATH
DATE OF INTERMENT
PLACE OF INTERMENT

THE NEXT OF KIN

NAME AND ADDRESS OF THE NEXT OF KIN

THE REGISTRAR

52 10448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10448

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jeanie B. Wyman

2. DATE
OF
DEATH

Nov. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md

15-10

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3916 Dogfield Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-17-07

9. AGE (In years
last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Md Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Edeleson

14. MOTHER'S MAIDEN NAME

Anna Lena

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Intracerebral hemorrhage,

(B)

DUE TO

Hypertensive Cardiovascular
Disease

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 11-12, 1952, to 11-16, 1952, that I last saw the
deceased alive on 11-16, 1952, and that death occurred at 7:20 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Sharer

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-17-52

24C. NAME OF CEMETERY OR CREMATORY

Harrison Ave

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. Jack Lewis, Jr. 3100 Centaurk

ADDRESS

NOV 17 1952

19520010448

415
641
52 10449BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10449
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB GALVANSKY (GALVIN)

2. DATE
OF
DEATH

11/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-12

D. STREET ADDRESS (If rural, give location)

3926 PARK HEIGHTS AVE

C. Length of stay in Baltimore

65 yrs.

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STOCK CLERK

10B. KIND OF BUSINESS OR INDUSTRY

ORDER ALLS

13. FATHER'S NAME

Isaac

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns)

?

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rose Galvin -

Racine

18. 433.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

auricular flutter & fibrillation

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/52, 19__, to 11/16/52, 19__, that I last saw the deceased alive on 11/16/52, 19__, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dwight Kramer

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

11/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11-17-52

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

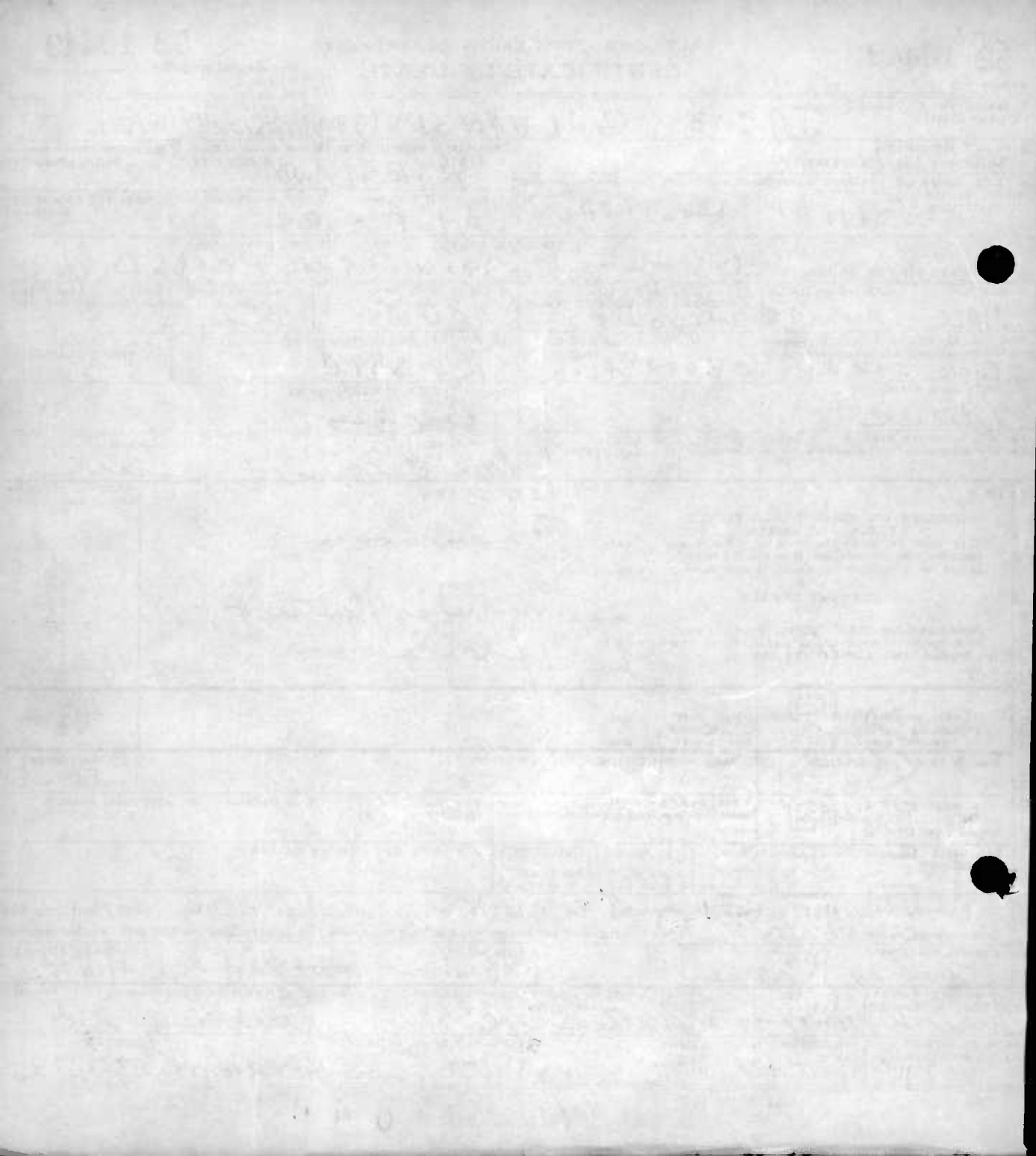
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, Inc. 2100 Eutaw Pl

ADDRESS



50
52 10450BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10450

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISIDORE LEVIN

2. DATE
OF
DEATH

11/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

M.D. 13-01

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OF RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

accountant

8. DATE OF BIRTH

1/29/01

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Meyer Levin

14. MOTHER'S MAIDEN NAME

Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Year or of unknown) (If yes, give war or dates of service)

Yes

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Rebecca Lichtenberg - Cyburn Apt 3C

ADDRESS

CAUSE OF DEATH

18. 154X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

C.A. rectum

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June, 1952

19B. MAJOR FINDINGS OF OPERATION

C.A. rectum

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/52, 19, to 11/16/52, 19, that I last saw the
deceased alive on 11/15/52, 19, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE,

Living Kramer

M.D.

23B. ADDRESS,

Sinai Hosp. Balt., Md.

23C. DATE SIGNED

11/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/17/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1952

Huntington Williams, 1124-26 W. North Ave.

VS 150

MEDICAL CERTIFICATION

02/11/20

STATE OF TEXAS

02/11/20

11/11/20

11/11/20

11/11/20

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11/11/20

632

52 10451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10451

Registered No.

BIRTH NO. MLB.162365

1. NAME OF DECEASED
(Type or Print)

Frank L. Hertzfeld

2. DATE
OF
DEATH

11-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Baltimore City Hospitals

4940 Eastern Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1906 Fulton Ave

C. Length of stay in Baltimore

72 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 25. 1870

9. AGE (In years
last birthday)

81 yrs

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CLERGYMAN

10B. KIND OF BUSINESS OR
INDUSTRY

MINISTER

11. BIRTHPLACE (State or foreign country)

Cuba

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Frank Hertzfeld (d)

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED SERVICES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NUMBERRecords: Baltimore City Hospitals
4940 Eastern Ave

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma Of Prostate

1 Year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinomatosis

1 year

DUE TO

(C) Pulmonary Edema

2 Days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-3-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Prostate

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-24 -, 1952, to 11-14 -, 1952, that I last saw the
deceased alive on 11-14 -, 1952, and that death occurred at 10:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

H. J. H. H. H.

M. D.

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

11-14-52

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

Nov. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbuta

24D. LOCATION (City, town or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

24E. GENERAL DIRECTOR

1631 Druid Hill Ave.

1952 10451

RESEARCH AND ANALYSIS OF
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

REMARKS ON DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF DECEASED

NAME OF NEXT OF KIN

RE-1-11

RE-1-11

RE-1-11

615
52 10452BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10452

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DOROTHY GRIFFIN			2. DATE OF DEATH 11/14/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Tutthman Hospital of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-11		
D. STREET ADDRESS (If rural, give location) 4005 Edgewood Rd. #15			5. SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
8. DATE OF BIRTH 11/5/1927 9. AGE (In years last birthday) 30			10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		
11. BIRTH PLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Robert Griffin			14. MOTHER'S MAIDEN NAME Luerssen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Dandridge Griffin			ADDRESS 4005 Edgewood Rd. Balto. Md.		

18. 201X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hodgkin's Disease		2 1/2 yrs?
DUE TO		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11/7/52** 19, to **11/14/52** 19, that I last saw the deceased alive on **11/14/52** 19, and that death occurred at **10:35** pm., from the causes and on the date stated above.

23A. SIGNATURE Robert W. Gebhardt		23B. ADDRESS Tutthman Hosp. of Ind.		23C. DATE SIGNED 11/15/52	
---	--	---	--	-------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/18/52		24C. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran		24D. LOCATION (City, town, or county) (State) Balto. City Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Lassahn Funeral Home		ADDRESS 7401 Belair Rd.	

85-10403

INTERNATIONAL HEALTH REGULATIONS
CERTIFICATE OF DEATH

1. Name of the deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Nature of the disease		9. Duration of the disease	
10. Name of the attending physician		11. Signature of the attending physician		12. Date of the certificate	
13. Name of the official		14. Signature of the official		15. Date of the certificate	

600
52 10453BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10453
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR JOSEPH SERIO

2. DATE
OF
DEATH

11-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

40 ST. AGNES HOSP.

C. Length of stay in Baltimore

44 yrs.

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BARBER

10B. KIND OF BUSINESS OR
INDUSTRY

BARBER

13. FATHER'S NAME

ROSARIO SERIO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

212-20-5244

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-06

D. STREET ADDRESS (If rural, give location)

6 N. Mount Olivet Lane

8. DATE OF BIRTH

8-22-1892

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

DAUGHTER

11 N. ROSEDALE ST.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Myocardial Infarction
Coronary Artery Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1952, to 11-14, 1952, that I last saw the
deceased alive on 11-14, 1952, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/19/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 17 1952

REGISTRAR'S SIGNATURE

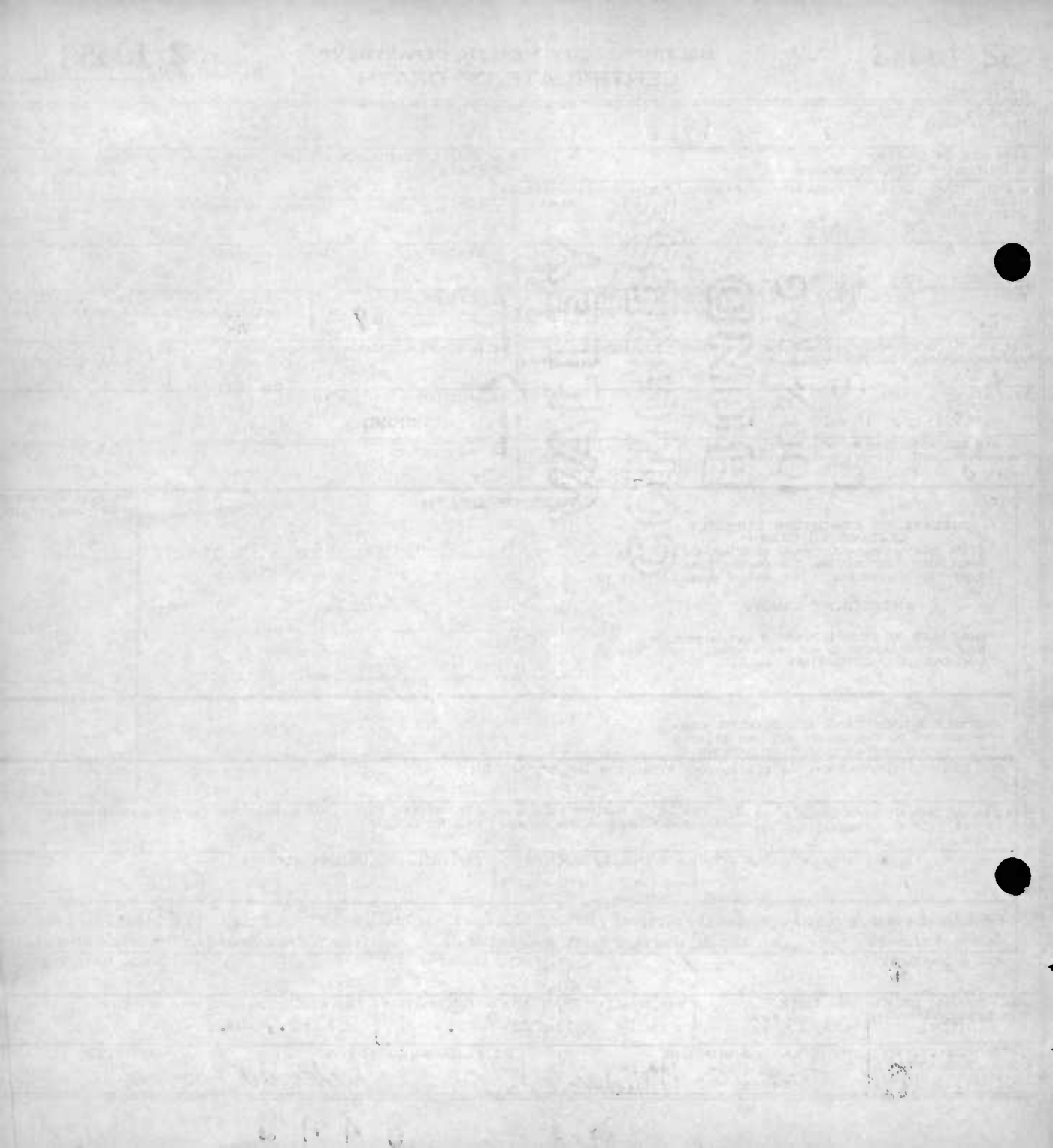
Huntington Williams, M.D. & J. S. Sicker & Sons

25. FUNERAL DIRECTOR

ADDRESS

VS 150

7406 F 1044 Balto 17, Md.



400
52 10454BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10454
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Ellis Sherwood Kelley, Jr.			2. DATE OF DEATH 11-15-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5300		
D. Length of stay in Baltimore Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 76 Murdoch Rd.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 10, 1906	9. AGE (In years last birthday) 46	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY Produce			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Mr. Ellis Sherwood Kelley, (W)			14. MOTHER'S MAIDEN NAME Nellie E. Roseway.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Mary Kelley 76 Murdoch Rd.	

18. **193X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Neurogenic Sarcoma with metastasis
(A) DUE TO **metastasis**

INTERVAL BETWEEN ONSET AND DEATH
6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 9-5-52		19B. MAJOR FINDINGS OF OPERATION Mass in mesentery, small bowel with metastasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 5, 1952** to **Nov. 15, 1952**, that I last saw the deceased alive on **Nov. 15, 1952**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE James B. Brooke M.O.	23B. ADDRESS Union Memorial Hosp.	23C. DATE SIGNED 11-15-52
---	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/19/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.	24D. LOCATION (City, town, or county) (State) Balto., Md.
--	------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Ticker & Sons	ADDRESS Balto 17, Md.
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VS 150

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CERTIFICATE OF DEATH

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U N O

52 10455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10455

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard O. Jenkins

2. DATE
OF
DEATH

15 Nov 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

37 Mary Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Cambridge P. O. - Todd's Pt.

D. STREET ADDRESS (If rural, give location)

R R #3

5900

Length of stay in Baltimore

14 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 10 1890

9. AGE (In years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

wholesale dealer

10B. KIND OF BUSINESS OR INDUSTRY

wholesale grocery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John J. Jenkins

14. MOTHER'S MAIDEN NAME

Elizabeth Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

wife + pater Cambridge Md

18. 422.2 and 162x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial failure

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic myocardial disease

5-10 yrs?

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchogenic Ca of lung & pleural metastases

72 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

12 Nov 1952

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1 Nov, 1952, to 15 Nov, 1952, that I last saw the deceased alive on 15 Nov, 1952, and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11.18.52

Woodlawn Cem.

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1952

Huntington Williams, M.D.

Wm. J. Pickner & Sons

VS 150

9 529 0681 of 4 Bacto 17, Md.

MEDICAL CERTIFICATION

COPIES

RECEIVED

TOURNAI

1954

52 TO BE APPROVED BY MEDICAL EXAMINER

52 10456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10456

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Williams, Rita</i>			2. DATE OF DEATH <i>Nov. 12-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md 15-02</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hosp.</i>			D. STREET ADDRESS (If rural, give location) <i>1535 N. Appleton St.</i>		
Length of stay in Baltimore Yrs. <i>—</i> Mos. <i>—</i> Days <i>—</i>			5. DATE OF BIRTH <i>1/14-1897</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	9. AGE (In years last birthday) <i>35</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Charles Owens</i>			14. MOTHER'S MAIDEN NAME <i>Matilda Tyler</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>—</i>		
17. INFORMANT <i>Rosa Garrett</i>			ADDRESS <i>2137 W. 1st St.</i>		

18. *E900.0* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) *HEAD INJURY*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
6 p.m. 12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)
CERTIFICATION APPROVED BY

CERTIFICATION APPROVED BY

R. Fisher

M. D.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
AT HOME
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
1535 N. APPLETON ST. BALTO
21D. TIME (Month) (Day) (Year) (Hour)
11 12 52 11A m.
21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR?
FELL DOWN STEPS

22. I hereby certify that I attended the deceased from *11-12-52*, 1952, to *11-12-52*, 1952, that I last saw the deceased alive on *11-12-52*, 1952, and that death occurred at *11:15 P m.*, from the causes and on the date stated above.

23A. SIGNATURE
Harry M. Walsh
M. D.
23B. ADDRESS
Univ Hosp
23C. DATE SIGNED
11-13-52

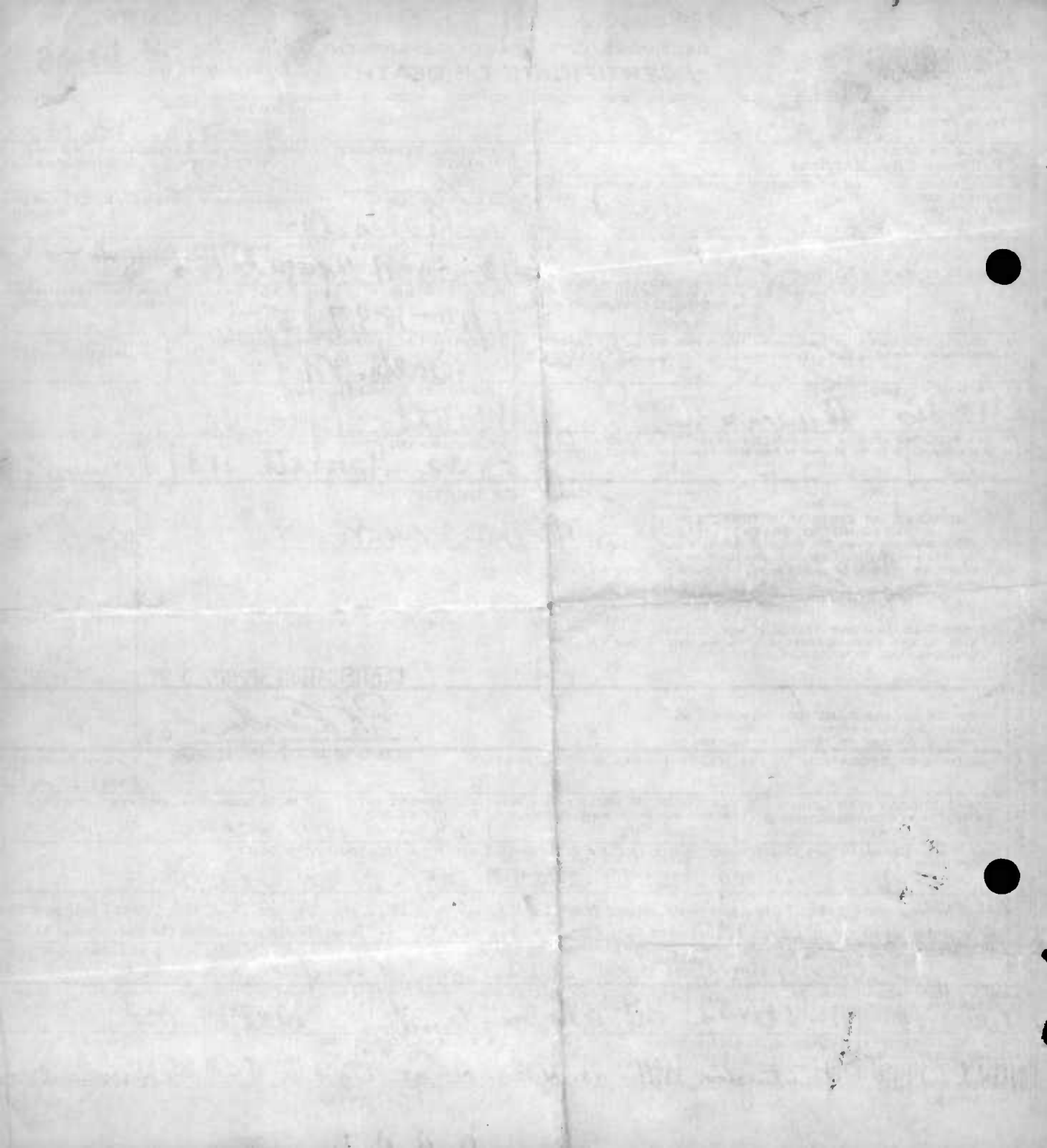
24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial
24B. DATE
11-18-52
24C. NAME OF CEMETERY OR CREMATORY
Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State)
Balto. Md
DATE RECEIVED BY LOCAL REGISTRAR
NOV 17 1952
REGISTRAR'S SIGNATURE
Huntington Williams, M.D.
25. FUNERAL DIRECTOR
W. D. Spriggs
ADDRESS
139 W. Handing St.

VS 150

N 856.2

19520010448

MEDICAL CERTIFICATION



520
52 10457BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10457

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAPHAEL SEMMES

2. DATE
OF
DEATH

11/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Wyman Park Apts 3915 Beach Ave

Length of stay in Baltimore

Life Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md B. COUNTY 13-07

C. CITY OR TOWN Baltimore

D. STREET ADDRESS (If rural, give location)

Wyman Park Apts 3915 Beach Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Aug 25 1890

9. AGE (In years
last birthday)

62

If Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Historian

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John E Semmes

14. MOTHER'S MAIDEN NAME

Frances Hayward

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes WWI

16. SOCIAL
SECURITY NO.

17. INFORMANT

John E Semmes 10 Light St

ADDRESS

CAUSE OF DEATH

18. E976x I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

GUNSHOT WOUND OF
HEAD

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Wyman Pk. Apt. 40th & BEECH

21D. TIME (Month) (Day) (Year) (Hour)

11 15 52 PM

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

SELF INFLICTED GUNSHOT WOUND

22. I certify that I took charge of the remains described above, held an INSPECTION thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R B Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

Nov 18 1952

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

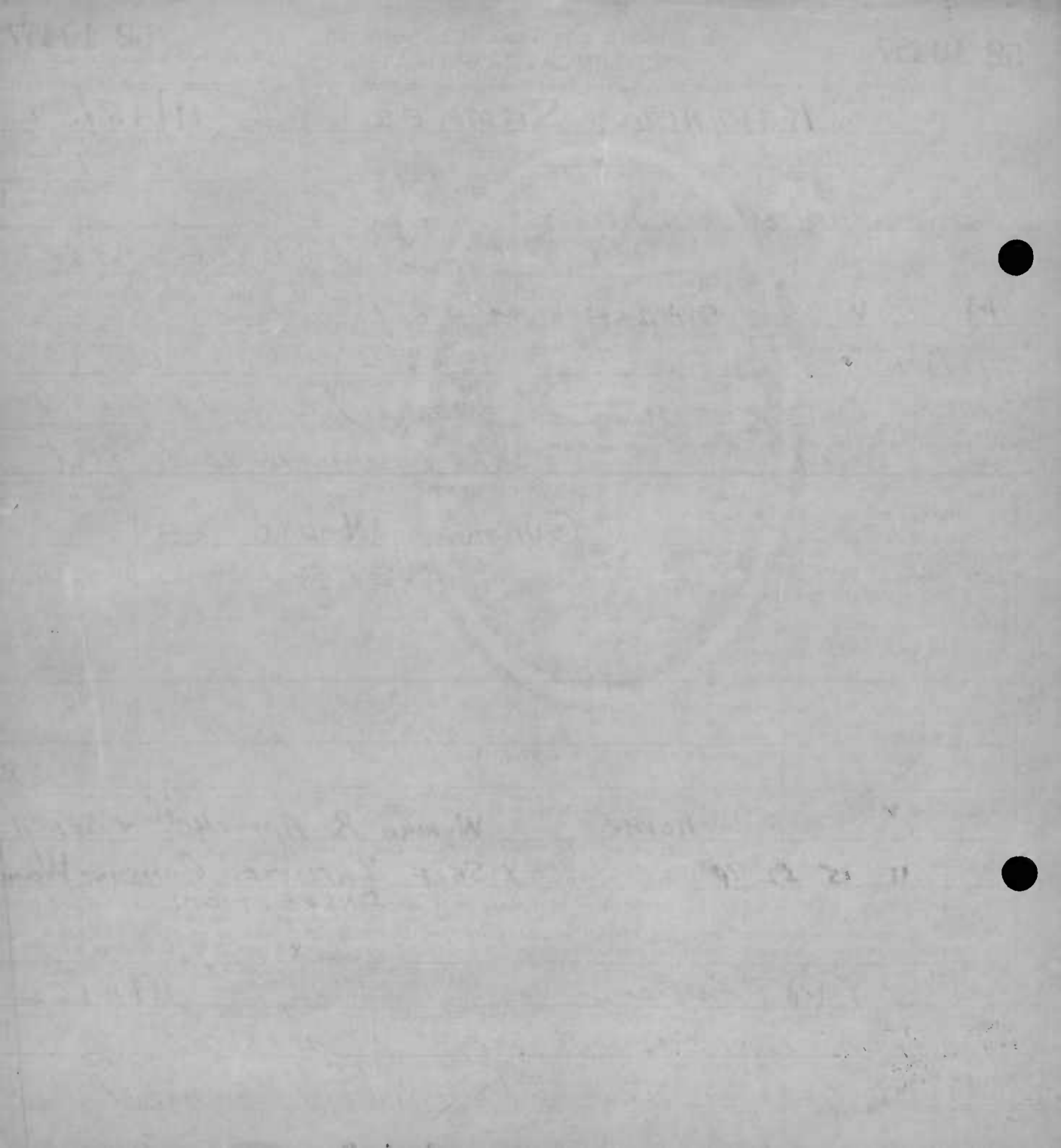
Huntington Williams

25. FUNERAL DIRECTOR

Henry M. Jenkins

ADDRESS

4905 York Rd



52 10458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10458

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Esther Robinson Swope</i>		2. DATE OF DEATH <i>Nov 15, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10 27-14</i>			
C. Length of stay in Baltimore <i>70</i>		D. STREET ADDRESS (If rural, give location) <i>Roland Park Apts., Upland Rd.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb 7, 1881</i>		9. AGE (In years last birthday) <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland.</i>	
13. FATHER'S NAME <i>Edward A. Robinson</i>		14. MOTHER'S MAIDEN NAME <i>Alice Canby</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Hospital Record</i>	
16. SOCIAL SECURITY NO.		ADDRESS			

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Arteriosclerotic heart disease</i> DUE TO (B) <i>—</i> DUE TO (C) <i>—</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
--	---	--

19A. DATE OF OPERATION <i>—</i>	19B. MAJOR FINDINGS OF OPERATION <i>—</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>—</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>—</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>—</i>

22. I hereby certify that I attended the deceased from *Sept 11*, 1952, to *Nov 15*, 1952, that I last saw the deceased alive on *Nov 15*, 1952, and that death occurred at *6:20 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE
Harvey S. Green, Jr. M. D.

23B. ADDRESS
Union Memorial Hosp

24A. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

24B. DATE
Nov 18 1952

24C. NAME OF CEMETERY OR CREMATORY
Green Mount

24D. LOCATION (City, town, or county) (State)
Gaithersburg Md

DATE RECEIVED BY LOCAL REGISTRAR
NOV 17 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
H.K. Jones Co.

ADDRESS
4905 York Rd.

Page 50

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

Page 51

-300
52 10459BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10459
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THEODORE MOTTU (Mottu)

2. DATE
OF
DEATH

NOV. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2327 N. CHARLES ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

BALTO

12-02

township)

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

GREENWAY APTS. CHARLES & 24TH

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APRIL 26, 1872

9. AGE (In years

80

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

EXECUTIVE

10B. KIND OF BUSINESS OR

INDUSTRY

LUMBER

13. FATHER'S NAME

THEODORE MOTTU

14. MOTHER'S MAIDEN NAME

MARGARET GEORGE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

215-18-7885

17. INFORMANT

ADDRESS

A. MOTTU

1532 BOLTON ST.

18. 177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cancer of Prostate

INTERVAL BETWEEN
ONSET AND DEATH

3 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to Nov, 1952, that I last saw the
deceased alive on Nov 16, 1952, and that death occurred at 1400 m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Kellach

M. D.

23B. ADDRESS

55006 Bolton Ave.

23C. DATE SIGNED

Nov 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

CREMATION

24B. DATE

11-18-1952

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. JENKINS & SONS Co. 4905 YORK RD

VS 150

DR. HELFRICH

5006 ROLAND AVE.

234

52 10460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10460

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Enrick Thistel

2. DATE
OF
DEATH

November 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5008 GOVANE AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-10

D. STREET ADDRESS (If rural, give location)

5008 Govane Ave.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB. 9, 1894

9. AGE (In years
last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

OFFICE SUPPLIES

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ANDREW THISTEL

14. MOTHER'S MAIDEN NAME

HENRIETTA ROSENOWSKY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-10-3645

17. INFORMANT

BURGER THISTEL

ADDRESS

18. 148X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Liver

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Malignant tumor removed from
throat in 1944.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes - (secondary to carcinoma
of liver)

2 years.

19A. DATE OF OPERATION

* 1944

19B. MAJOR FINDINGS OF OPERATION

Carcinoma bucal membrane.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1952 to Nov. 15, 1952, that I last saw the
deceased alive on Nov. 15, 1952, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

James C. Jaggett

M. D.

23B. ADDRESS

3812 Greenmount Ave.

23C. DATE SIGNED

Nov. 15, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-18-1952

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD

24D. LOCATION (City, town, or county)

PARKVILLE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

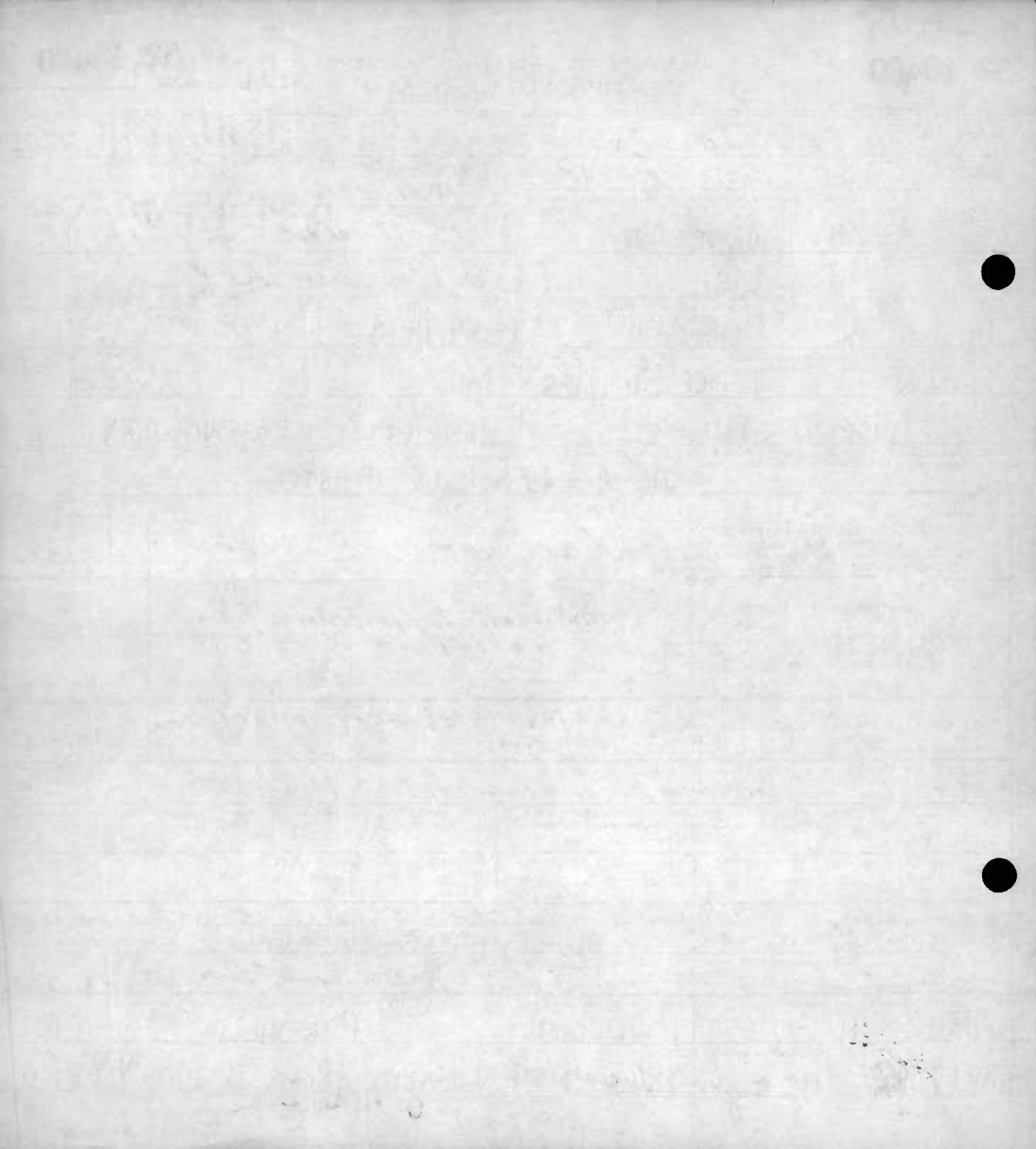
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

A. W. JENKINS & SONS CO. 4905 YORK RD.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 10461

52 10461

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE

GLASS

2. DATE
OF
DEATH

November 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

13. FATHER'S NAME

Chester Glass

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

202 N. Stricker St.

8. DATE OF BIRTH

May 15 1905

9. AGE (in years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Susie Adams

17. INFORMANT

ADDRESS

Chester Glass, 202 N. Stricker St.

18. 353.3

CAUSE OF DEATH

Asphyxia due to:

(A) Idiopathic Epilepsy

DUE TO

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

J. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Nov. 15, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 18-52

24C. NAME OF CEMETERY OR CREMATORY

Hammill

24D. LOCATION (City, town, or county)

Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James A. Hayes, 638 N. Palmer St.

NOV 17 1952

VS 151

25 2 87,06990 453

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
PLACE OF BIRTH		DATE OF BIRTH		MARRIAGE		OCCUPATION		EDUCATION		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		PERIOD OF ILLNESS		PREVAILING DISEASE		PREVAILING COMPLAINT		PREVAILING SYMPTOMS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF CLERK		SIGNATURE OF JUDGE		SIGNATURE OF SHERIFF	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	

1952069050

452
52 10463BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10463
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hattie R. Holmes			2. DATE OF DEATH Nov. 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 203 W. Hoffman St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-04		
C. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 203 W. Hoffman St.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Apr. 8, 1880	9. AGE (In years last birthday) 72	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Slippen Stark			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Edward G. Holmes			ADDRESS 203 W. Hoffman		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure (A) _____ DUE TO H.C.V. Disease (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 6 Mo. ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None	

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. _____ WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 14th, 1952 , to Nov. 14, 1952 , that I last saw the deceased alive on 14th, 1952 , and that death occurred at 3P. m. , from the causes and on the date stated above.				
23A. SIGNATURE George M. Donald M. D.		23B. ADDRESS 844 N. Carey St. Baltimore		23C. DATE SIGNED 11/15/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/17/52	24C. NAME OF CEMETERY OR CREMATORY Archute Mem. PK.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR J. Young ADDRESS 1216 N. Caroline St.

652
522
52 10464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10464
Registered No.

1. NAME OF DECEASED (Type or Print) MARY FERENCE OR MARY BENKOWSKI			2. DATE OF DEATH NOV 15 - 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 118 N. BRADFORD ST			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 6-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 24		
D. Length of stay in Baltimore 63 Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 118 N. BRADFORD STREET		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 31, 1881		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SKINNER		10B. KIND OF BUSINESS OR INDUSTRY Gibbs Packing Co	11. BIRTHPLACE (State or foreign country) POLAND		12. CITIZEN OF WHAT COUNTRY? Poland
13. FATHER'S NAME DROZD VEG. (M)			14. MOTHER'S MAIDEN NAME Frances		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-03-3006	17. INFORMANT VERONICA FERENCE 118 N. BRADFORD ST		
			ADDRESS		

18. **443X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ARTERIOSCLEROTIC, HYPERTENSIVE, 3/29/50
CAUSE OF DEATH
(A) **CARDIO-VASCULAR DISEASE**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 29, 1950** to **November 15, 1952**, that I last saw the deceased alive on **November 15, 1952**, and that death occurred at **11:25 AM**, from the causes and on the date stated above.

23A. SIGNATURE **Dr. F. Brenga** M. D. 23B. ADDRESS **2098 Chester St. Baltimore** 23C. DATE SIGNED **11/15/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE NOV 19 - 1952	24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS	24D. LOCATION (City, town, or county) (State) 1300 DUNDALK AVE BALTO, Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952		25. FUNERAL DIRECTOR George A. Weber 705 S. Ann St	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	

690420 156

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

OFFICE OF THE ADJUTANT GENERAL

ADJUTANT GENERAL

52 10465

AB-164921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 10465

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank A. Taylor

2. DATE
OF
DEATH

Nov. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1049 W. Lexington St. (23)

c. Length of stay in Baltimore

50 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 22, 1900

9. AGE (In years

last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Will Taylor

14. MOTHER'S MAIDEN NAME

Harriet Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: Balto. City Hosp Eastern Ave.

1B. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Far Advanced Tuberculosis

DUE TO

6 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-13, 1952, to 11-14, 1952, that I last saw the
deceased alive on 11-14, 1952, and that death occurred at 11:10 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

11-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11/18/52

MT. CALVARY CEMETERY

A.A. COUNTY, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

CHARLES G. COOPER-512 CARROLLTON A

NOV 17 1952

VS 150

Charles G. Cooper

15 1903

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

UNITED STATES DEPARTMENT OF HEALTH

WASHINGTON, D. C.

620
52 10466BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10466

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Kriss, John A.</u>			2. DATE OF DEATH <u>November 14, 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>8-06</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>1734 E. Federal St.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>1/21/82</u>		9. AGE (In years last birthday) <u>70</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paint maker</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>H. C. Fauldrath</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>
13. FATHER'S NAME <u>Henry Kriss</u>			14. MOTHER'S MAIDEN NAME <u>Barbara Schreiber</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Elizabeth Drum</u>			ADDRESS <u>1734 Federal St.</u>		

18. <u>434.1 and 155X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <u>Congestive heart failure</u>		DUE TO			
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u>Vater</u> <u>Renal insufficiency; Carcinoma of Ampulla of</u>			

19A. DATE OF OPERATION <u>Nov. 10, 1952</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ampulla of Vater</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from October 29, 1952 to November 14, 1952, that I last saw the deceased alive on Nov. 14, 1952 and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>A. Andrew Acker</u> M. D.		23B. ADDRESS <u>1400 N. Caroline St.</u>		23C. DATE SIGNED <u>Nov. 14, 1952</u>	
---	--	--	--	---------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11/19/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. Pauls</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>	
---	--	---------------------------	--	---	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 17 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D. Clarence F. Hoffman</u>		25. FUNERAL DIRECTOR ADDRESS <u>1639 Broadway.</u>	
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CENTROPALE OF HEALTH

DE 1-1-50

DO NOT WRITE IN THESE SPACES

1-1-50

200
52 10467
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10467

1. NAME OF DECEASED (Type or Print) WILLIAM A. ROSS			2. DATE OF DEATH 11-16-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital Yrs. Mos. Days Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City 3-02 D. STREET ADDRESS (If rural, give location) 203 S. Lloyd St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 31-1869	9. AGE (in years last birthday) 83	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Buildings	11. BIRTHPLACE (State or foreign country) Cadix Ohio		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. Ross			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Earl C. Ross 203 S. Lloyd St.		

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardiovascular**
DUE TO
(C) **Disease**OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **none**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held a **Inquiry + Inspection** from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Francis J. Januszewski

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED **11-16-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

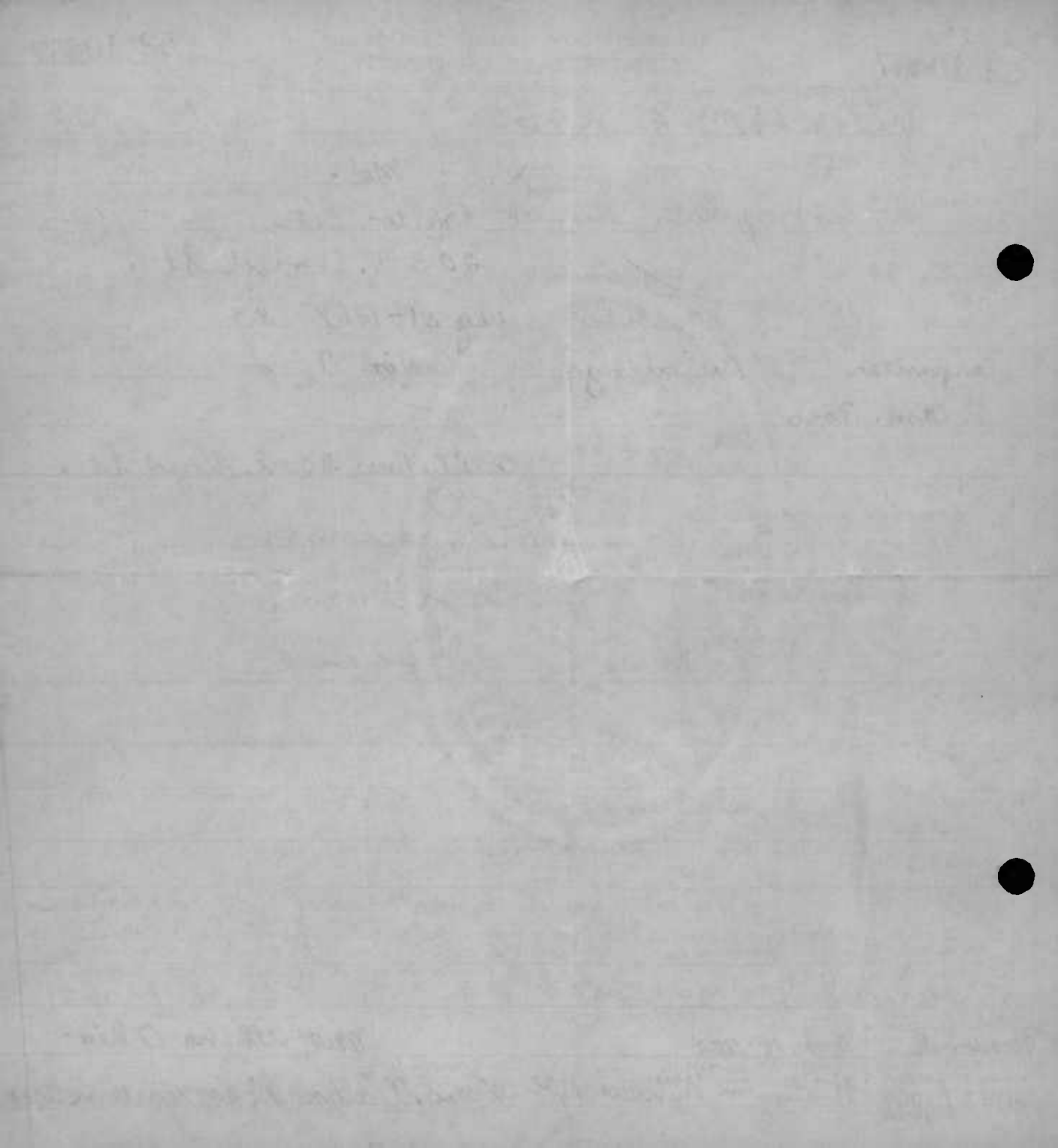
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1952
VS 151**Huntington Williams, M.D.****Wm. S. Fialkowski 2007 Eastern Ave**



246
52 10468BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10468
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH H. SECHLER

2. DATE
OF
DEATH Nov. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

809 Cathedral Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Sept. 10, 1913

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman Sears, Roebuck Co.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chilhowie, Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Herbert Sechler

14. MOTHER'S MAIDEN NAME

Mayme Heninger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Eliz. S. Roper 22 Staff Village
Lawrence, Kansas.

18. E976X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of the brain

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

809 Cathedral Street

21D. TIME (Month) (Day) (Year) (Hour)

Nov. 13, 1952 4:45 P.

m.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 14, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremation

24B. DATE

Nov. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John V. McEachern & Son, Inc.
1900 Eutaw Place

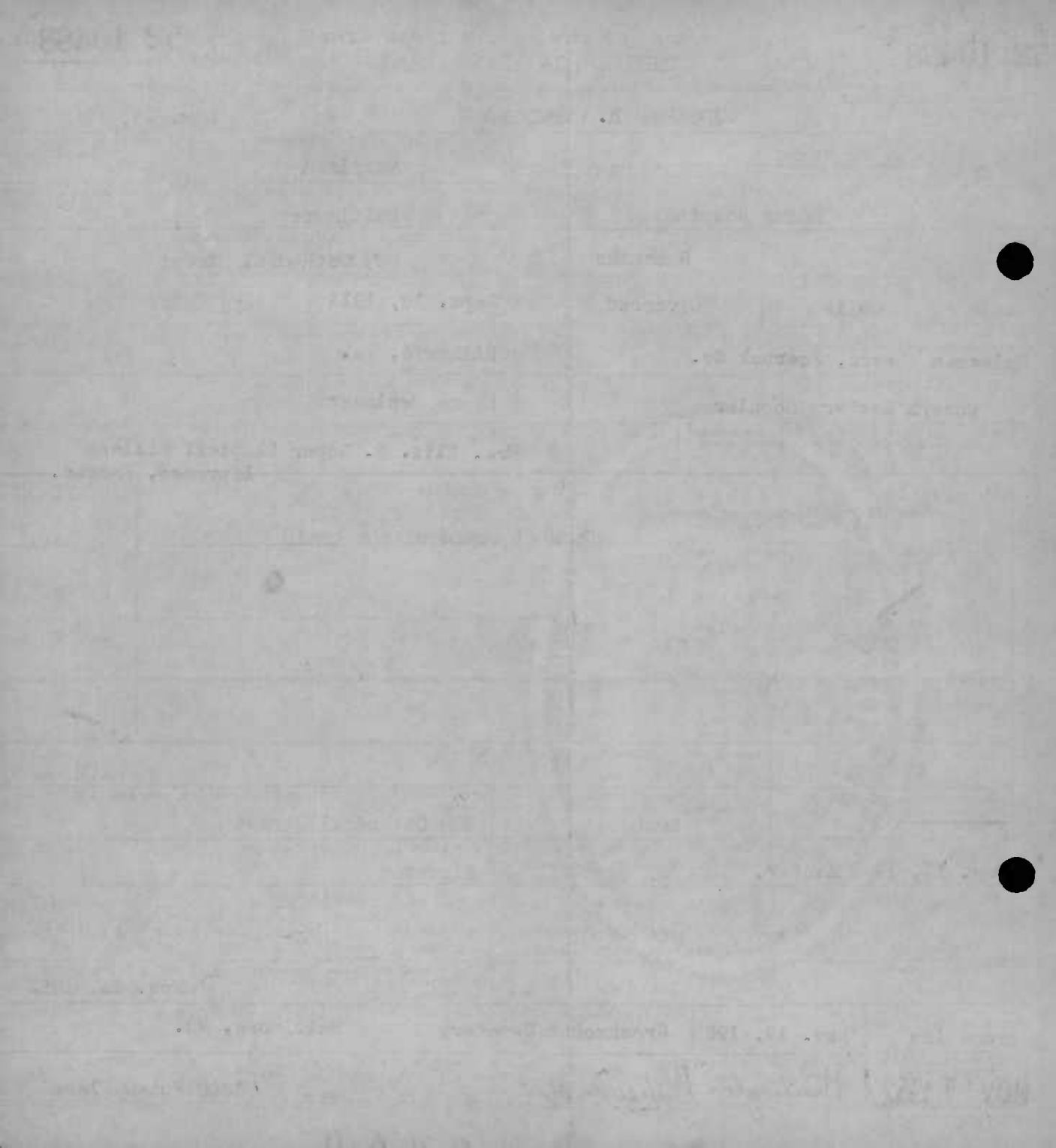
ADDRESS

1900 Eutaw Place

VS 151

N 803.4

49966



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10469**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Agnes Novak</i>			2. DATE OF DEATH <i>11-14-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>604 S. Hammonds Ferry Rd.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10-7-1905</i>	9. AGE (In years last birthday) <i>47 yrs</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hosiery Buyer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dress Shoe Co.</i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>Max Baronowski</i> (R)			14. MOTHER'S MAIDEN NAME <i>Amelia Lukaszewski</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>215-05-3316</i>	17. INFORMANT ADDRESS <i>Frank Novak (same)</i>		

18. *443X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Subarachnoid Hemorrhage*
DUE TO

ANTECEDENT CAUSES

(B) *Hypertensive Cardio-Vasc.*
DUE TO *Disease*

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *11-14*, 19*52*, to *11-14*, 19*52*, that I last saw the deceased alive on *11-14*, 19*52*, and that death occurred at *7:45 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Harry J. Engle</i>	23B. ADDRESS <i>St. Agnes Hosp.</i>	23C. DATE SIGNED <i>11-14-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-18-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	24D. LOCATION (City, town, or county) (State) <i>Dundalk Ave. Md.</i>
--	------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 17 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>John J. Decker Inc. 2829 Hudson St.</i>
--	---	--

2006F

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of County Clerk

Signature of Town Clerk

Signature of Village Clerk

Signature of Ward Clerk

Signature of Precinct Clerk

Signature of Polling Place Clerk

Signature of Election Judge

Signature of Election Officer

Signature of Election Inspector

Signature of Election Agent

Signature of Election Clerk

Signature of Election Officer

Signature of Election Inspector

Signature of Election Agent

Signature of Election Clerk

630

52 10470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10470
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Chuster G. Ford.</i>			2. DATE OF DEATH <i>Nov 15 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution / residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3723 Falk Road.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-07</i>		
C. Length of stay in Baltimore <i>Life</i> Yrs. <i>Life</i> Mos. <i>Life</i> Days <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3723 Falk Road.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single.</i>	8. DATE OF BIRTH <i>Sept 23 1892</i>	9. AGE (In years last birthday) <i>60</i>	If Under 1 Year Months: Days: If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Gen.</i>		
11. FATHER'S NAME <i>Edward Ford.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. SOCIAL SECURITY NO. <i>Lillie M. Ford-3723 Falk Rd.</i>		
15. SOCIAL SECURITY NO.			16. INFORMANT ADDRESS <i>Lillie M. Ford-3723 Falk Rd.</i>		

18. <i>334X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Apoplexy</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) <i></i>	INTERVAL BETWEEN ONSET AND DEATH <i>10-15 days</i> <i>3 years</i>
--	---	---

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>1-1-1952</i> to <i>11-15-1952</i> , that I last saw the deceased alive on <i>11-15-1952</i> , and that death occurred at <i>3:55 P.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Lillie M. Ford</i>	23B. ADDRESS <i>3723 Falk Road</i>	23C. DATE SIGNED <i>11/16/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 18 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Seminary</i>
24D. LOCATION (City, town, or county) <i>3900 Roland Ave. Md.</i>	24E. STATE <i>Md.</i>	25. FUNERAL DIRECTOR <i>Excelsior E. Donovan</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Nov 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	ADDRESS <i>3818 Roland Ave.</i>

10-1-10

CERTIFICATE OF DEATH

10-1-10

10-1-10
10-1-10
10-1-10

10-1-10
10-1-10
10-1-10

10-1-10
10-1-10
10-1-10

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10471**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN HOPKINS

2. DATE OF DEATH
Nov. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Morgue

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

103 Hayes Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 30, 1876

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Trappe Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harrison Hopkins

14. MOTHER'S MAIDEN NAME

Ann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lena Hopkins

ADDRESS

103 Hayes St.

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
Nov. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11/17/1952

24C. NAME OF CEMETERY OR CREMATORY

W. T. C. Cemetery

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 17 1952

REGISTRAR'S SIGNATURE

H. Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schreiner St.

STATE OF NEW YORK

IN SENATE

JANUARY 1941

3.2.41

1941



636

10472

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10472

Registered No.

1. NAME OF DECEASED (Type or Print) LENA DOCKINS CARTER			2. DATE OF DEATH 11-15-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1813 N. BROADWAY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO; 8-05		
C. Length of stay in Baltimore Life.			D. STREET ADDRESS (If rural, give location) 1813 N. BROADWAY		
5. SEX F	6. COLOR OR RACE C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-14-1895	9. AGE (In years last birthday) 57	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTO;
13. FATHER'S NAME Andrew Dockins			14. MOTHER'S MAIDEN NAME DELIA SORRELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Willis Dockins			ADDRESS 1813 N. BROADWAY		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO			INTERVAL BETWEEN ONSET AND DEATH 6 mi		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Heart Disease DUE TO Arteriosclerosis DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 1 , 19 52 , to Nov 15 , 19 52 , that I last saw the deceased alive on Nov 14 , 19 52 and that death occurred at 11 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE F. K. Adams			23B. ADDRESS 1242 N. Caroline A		23C. DATE SIGNED 11-17-52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-18-52	24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY		24D. LOCATION (City, town, or county) (State) AA. COUNTY MD
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Joseph E. Locks, Jr ADDRESS 1304 N. Central A	

VS 150

19520010464

MEDICAL CERTIFICATION

212
52 10473BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10473
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary V. Jacobs		Nov. 14 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE			
B. FULL NAME OF HOSPITAL OR INSTITUTION		B. COUNTY			
Home		Md.			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Life		Baltimore 25-52			
5. SEX		6. COLOR OR RACE		D. STREET ADDRESS (If rural, give location)	
Female		White		2800. Germantown Road	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		Yrs. Mos. Days		8. DATE OF BIRTH	
Widow				Oct 24. 1888	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)	
House Wife				64	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Patrick Hart		Baltimore		U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)		none		Mabel L. Brink 2800 Germantown	
18. 422.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Pulmonary Edema			
DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES		A few days			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arteriosclerosis CVD. sev. years			
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
0					YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
		m.			
22. I hereby certify that I attended the deceased from about May 1952, to Nov. 14, 1952, that I last saw the deceased alive on Nov 15, 1952, and that death occurred at 4A m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
R. Hightstein		888 W. Lombard St		Nov. 15 52	
M. D.					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Nov. 17. 1952		London Park Cem	
24D. LOCATION (City, town, or county)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county)	
Frederick		Frederick		Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
NOV 17 1952		Huntington Williams, M.D.		Mendell J. DIPPEL 313 S. Highland Ave	
				ADDRESS	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

52 10474

256
10474
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID

O'CONNOR

2. DATE
OF
DEATH

November 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

207 N. Gay Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 1, 1894

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY
Roland Road Kennels

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Leona O'Connor, 207 N. Gay Street

ADDRESS

18. 197X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Fibrosarcoma of left thigh with
metastasis to retroperitoneal lymph
nodes, liver, spleen, heart, and brain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

11/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

11/20/52

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

NOV 17 1952

1052097010

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 10475
Registered No.

635
2 10475
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Enrico Giardino		2. DATE OF DEATH Nov. 14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 310 Albemarle St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 3-02	
D. STREET ADDRESS (If rural, give location) 310 Albemarle St.		E. LENGTH OF STAY IN BALTIMORE 35 yrs.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 13 1894
9. AGE (in years last birthday) 57		10. UNDER 1 Year Months: Days: Hours: Min.	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10B. KIND OF BUSINESS OR INDUSTRY contractors	
13. FATHER'S NAME Emilio Giardino		14. MOTHER'S MARDEN NAME Speratene Sprantina	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Giardino		ADDRESS 310 Albemarle St	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		CAUSE OF DEATH 2 hours	
DUE TO (A) (B) (C)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 P m., from the causes and on the date stated above.			
23A. SIGNATURE Melton L. Solomon		23B. ADDRESS 129 S Broadway	
23C. DATE SIGNED 11/17/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE Nov 19 1952	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM.	24D. LOCATION (City, town, or county) (State) 4430 BELAIR RD MD
DATE RECEIVED BY REGISTRY NOV 17 1952		25. FUNERAL DIRECTOR Deffel Bros	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 1800 E LOMBARD ST.	

MEDICAL CERTIFICATION

97024467

NOT A MEDICAL EXAMINER'S CASE

R. J. Fisher
M.D.

CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10476**

453
52 10476
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEVI PLANTER			2. DATE OF DEATH 11/13/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 4-00		
B. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 770 SARA ANN ST #1			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/10/1897		9. AGE (in years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY In General	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Stevens Planter			14. MOTHER'S MAIDEN NAME Ellen ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 219-07-1587	17. INFORMANT ADDRESS HOSP RECORDS		

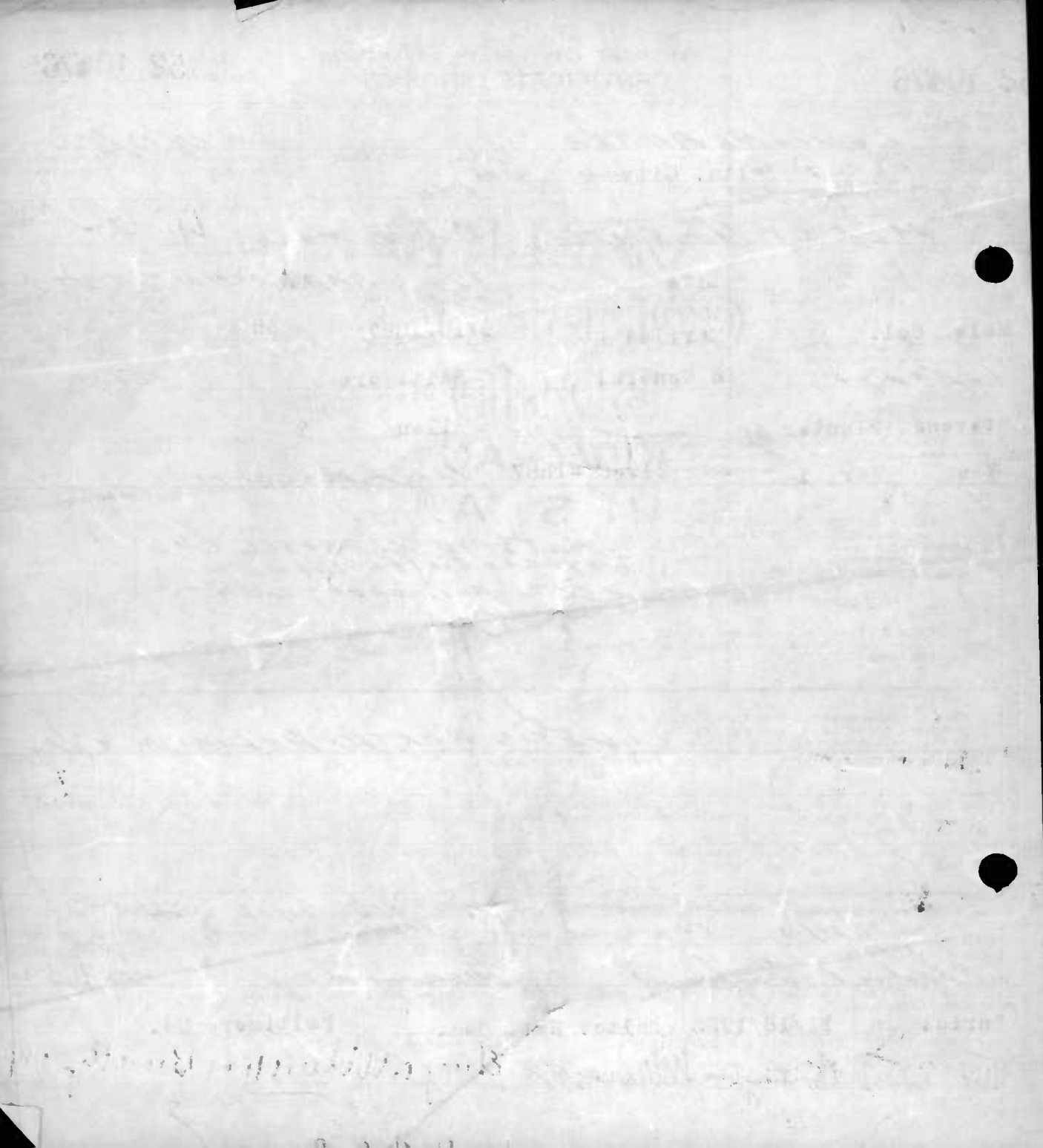
18. 422.1 and 022X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROTIC CVD MYOCARDIAL FAILURE ACUTE PULMONARY EDEMA		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. LUETIC AORTIC ANEURYSM 4 YRS		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/13**, 19**52** to **11/13**, 19**52**, that I last saw the deceased alive on **11/13**, 19**52**, and that death occurred at **5:55 PM.**, from the causes and on the date stated above.

23A. SIGNATURE Charles R. Ireland	23B. ADDRESS M. D. Mercy Hosp	23C. DATE SIGNED 11/13/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/18/1952	24C. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem.
24D. LOCATION (City, town, or county) Baltimore Md.		

DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Elroy O. Wilson	ADDRESS 1000 Broadway ave
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652
52 10477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10477

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY J. HARRINGTON		2. DATE OF DEATH Nov. 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION 720 E. 33rd St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. Length of stay in Baltimore Life		O. STREET ADDRESS (If rural, give location) 720 E. 33rd St			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27, 1870	9. AGE (In years last birthday) 82	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ? ?		10B. KIND OF BUSINESS OR INDUSTRY ? ?		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A		13. FATHER'S NAME William Mc Grath		14. MOTHER'S MAIDEN NAME Elizabeth Mc Guigan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS T. Barton Harrington 720 E. 33rd St	
18. 170X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Uremia			
ANTECEDENT CAUSES		DUE TO (B) Generalized Carcinomatosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (C) Carcinoma of Breast.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11/18/52		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Breast			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 1, 1952 , to Nov. 15, 1952 , that I last saw the deceased alive on Nov. 14, 1952 , and that death occurred at 1:30 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Wesley E. Carr Jr.		23B. ADDRESS 6007 York Rd		23C. DATE SIGNED 11/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/18/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Jahn A. Moran		ADDRESS 3000 E. Balt. Rd	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

MEDICAL CERTIFICATION

1952010469

52101 87

RECEIVED

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DIVISION
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OF THE
ENGINEER
GENERAL
LAND
OFFICE
WASHINGTON
D.C.

2010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10478
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Siminski, Baby Boy</u>		2. DATE OF DEATH <u>October 30, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore #13</u>	
Length of stay in Baltimore <u>2 days</u>		D. STREET ADDRESS (If rural, give location) <u>3646 Chesterfield Ave.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>October 28, 1952</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>2</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

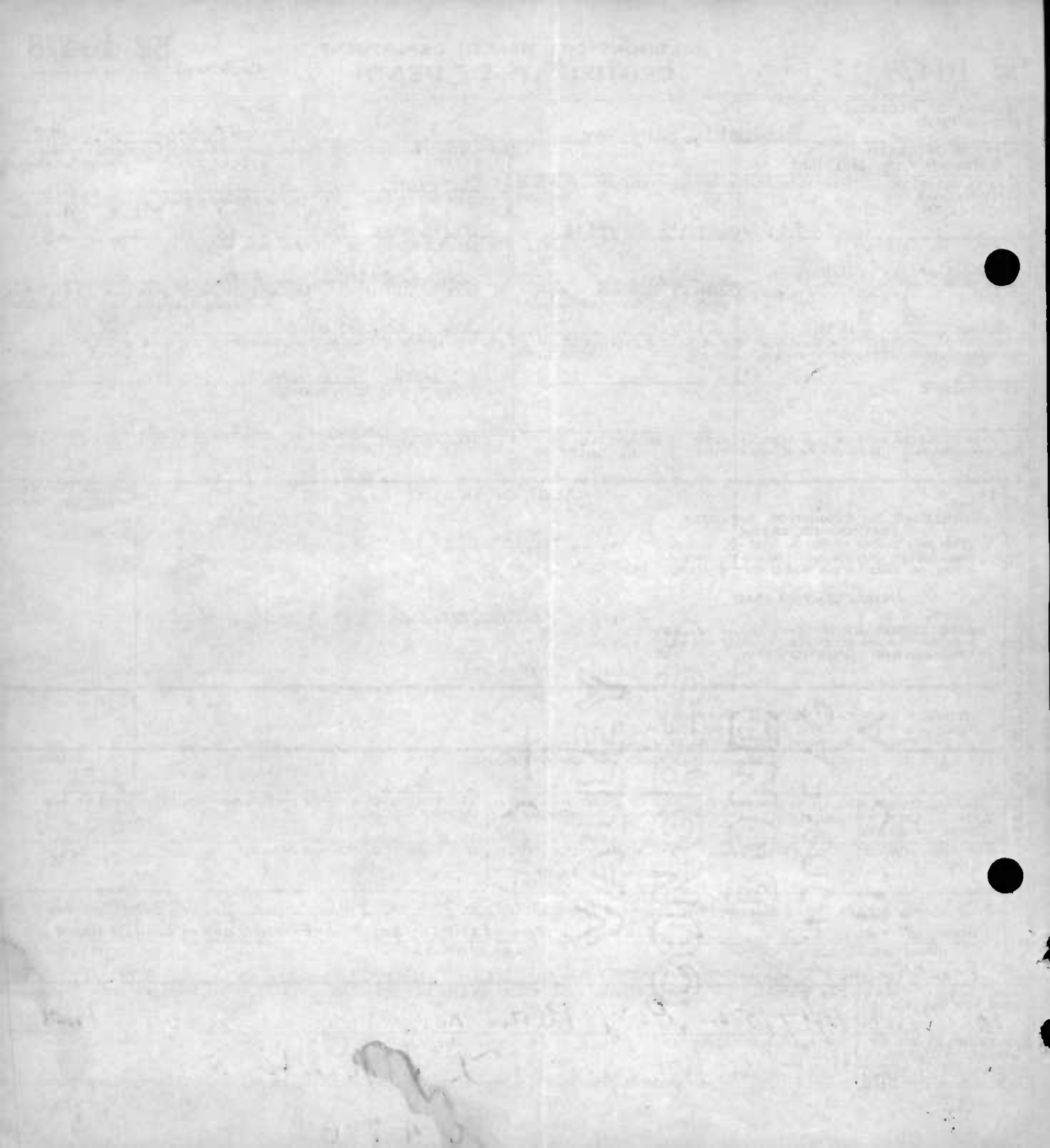
18. <u>762.5</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Atelectasis</u> DUE TO <u>Prematurity</u> DUE TO <u></u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 28, 1952 to October 30, 1952 that I last saw the deceased alive on Oct. 30, 1952 and that death occurred at 6:25 am., from the causes and on the date stated above.

23A. SIGNATURE <u>William F. Baldwin</u> M. D.	23B. ADDRESS <u>1100 N. Caroline Street</u>	23C. DATE SIGNED <u>Nov. 1, 1952</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11/17/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	24D. LOCATION (City, town, or county) (State) <u>Belair Rd Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 17 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>L J Ruck</u>	ADDRESS <u>5305</u>



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10479**

536
52 10479
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GROVER C. BENDER SR		2. DATE OF DEATH Nov 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parkville 5300	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2905 Alden Rd # 14	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, (MARRIED), WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bender Bros ART GALLERY		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME George Bender		11. BIRTHPLACE (State or foreign country) Baltimore, Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) unkn.		16. SOCIAL SECURITY NO.	
12. CITIZEN OF WHAT COUNTRY? U.S.		14. MOTHER'S MAIDEN NAME Elizabeth Hussman.	
17. INFORMANT MRS. Ellen Bender-2905 Alden		ADDRESS	

18. 443X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 12 yrs.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive Cardiovascular disease & congestive Heart failure		
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/1 , 19 52 , to 11/15 , 1952 that I last saw the deceased alive on 11/15 , 1952 and that death occurred at 10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE R. H. Fanning		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 11/15/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-19-52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.		24D. LOCATION (City, town, or county) (State) BALTO Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR D. Luck		ADDRESS 5305 HARFORD RD	

1952 06908V471

MEDICAL CERTIFICATION

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CERTIFICATE OF DEATH

Registered No. **52 10480**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

M

JASINSKI

SR

2. DATE
OF
DEATH

November 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3325 Ramona Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 18-1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CLERK Post Office

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph JASINSKI

14. MOTHER'S MAIDEN NAME

Rose STOLKA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MARY T. JASINSKI - SAME

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Coronary Occlusion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about: home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Smith

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

11/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-19-52

Holy Redeemer

BALTO

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1952

Wm. H. Smith

L. J. Ruck

5305 Harford

10-17-50

RECEIVED BY THE DIRECTOR

10-17-50

200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10481

1. NAME OF DECEASED
(Type or Print)

FERRY

MILLER

2. DATE
OF DEATH November 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Johns Hopkins Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
431 N. Durham Street

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

B. DATE OF BIRTH

April 1901

9. AGE (In years last birthday)

31

10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Simpson Miller

14. MOTHER'S MARDEN NAME

Aclaine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

219-23-2211 Ruth Miller

CAUSE OF DEATH

18. E983X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of First Cervical Vertebra

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Transsection of spinal cord

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Sapp and Madison Streets

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

11/16/52 1:17 P.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

struck with board

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. Booth

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

11/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial Nov 20 1952 Mt Calvary Ch. & Cemetery Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1952 Huntington Williams, Jr.

Mrs. J. A. Elliott &

Received of Mr. J. C. [unclear]
the sum of \$100.00
for [unclear] [unclear]
[unclear] [unclear] [unclear]

Witness my hand and seal
this 1st day of [unclear]
19[unclear]

340
52 10482BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10482

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hilda B. HITTEL</i>		2. DATE OF DEATH <i>11-15-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>112 Montrose Ave #28</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>3-22-1891</i>
11. AGE (In years last birthday) <i>61</i>		12. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
13. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		14. B. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME <i>Harry Yealdhall</i>		16. MOTHER'S MAIDEN NAME <i>Catherine Brown</i>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO. <i>219-01-2561</i>	
19. DATE OF OPERATION <i>none</i>		20. MAJOR FINDINGS OF OPERATION	
21. DATE OF OPERATION		22. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
23. DATE OF OPERATION		24. DATE OF OPERATION	
25. DATE OF OPERATION		26. DATE OF OPERATION	
27. DATE OF OPERATION		28. DATE OF OPERATION	
29. DATE OF OPERATION		30. DATE OF OPERATION	
31. DATE OF OPERATION		32. DATE OF OPERATION	
33. DATE OF OPERATION		34. DATE OF OPERATION	
35. DATE OF OPERATION		36. DATE OF OPERATION	
37. DATE OF OPERATION		38. DATE OF OPERATION	
39. DATE OF OPERATION		40. DATE OF OPERATION	
41. DATE OF OPERATION		42. DATE OF OPERATION	
43. DATE OF OPERATION		44. DATE OF OPERATION	
45. DATE OF OPERATION		46. DATE OF OPERATION	
47. DATE OF OPERATION		48. DATE OF OPERATION	
49. DATE OF OPERATION		50. DATE OF OPERATION	
51. DATE OF OPERATION		52. DATE OF OPERATION	
53. DATE OF OPERATION		54. DATE OF OPERATION	
55. DATE OF OPERATION		56. DATE OF OPERATION	
57. DATE OF OPERATION		58. DATE OF OPERATION	
59. DATE OF OPERATION		60. DATE OF OPERATION	
61. DATE OF OPERATION		62. DATE OF OPERATION	
63. DATE OF OPERATION		64. DATE OF OPERATION	
65. DATE OF OPERATION		66. DATE OF OPERATION	
67. DATE OF OPERATION		68. DATE OF OPERATION	
69. DATE OF OPERATION		70. DATE OF OPERATION	
71. DATE OF OPERATION		72. DATE OF OPERATION	
73. DATE OF OPERATION		74. DATE OF OPERATION	
75. DATE OF OPERATION		76. DATE OF OPERATION	
77. DATE OF OPERATION		78. DATE OF OPERATION	
79. DATE OF OPERATION		80. DATE OF OPERATION	
81. DATE OF OPERATION		82. DATE OF OPERATION	
83. DATE OF OPERATION		84. DATE OF OPERATION	
85. DATE OF OPERATION		86. DATE OF OPERATION	
87. DATE OF OPERATION		88. DATE OF OPERATION	
89. DATE OF OPERATION		90. DATE OF OPERATION	
91. DATE OF OPERATION		92. DATE OF OPERATION	
93. DATE OF OPERATION		94. DATE OF OPERATION	
95. DATE OF OPERATION		96. DATE OF OPERATION	
97. DATE OF OPERATION		98. DATE OF OPERATION	
99. DATE OF OPERATION		100. DATE OF OPERATION	

MEDICAL CERTIFICATION

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A)

DUE TO

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from *11/13*, 19*52*, to *11/15*, 19*52*, that I last saw the deceased alive on *11/15*, 19*52*, and that death occurred at *10:30* am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

163
52 10483
AJH 105453BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10483

1. NAME OF DECEASED (Type or Print) Edward Augustus Roberts			2. DATE OF DEATH Nov. 13, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 4940 Eastern Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH July 2 1871	9. AGE (in years last birthday) 81	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER-RET.			10b. KIND OF BUSINESS OR INDUSTRY SELF-EMP.		
13. FATHER'S NAME Joseph Roberts			14. MOTHER'S MAIDEN NAME M ary?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT CITY HOSP. RECORDS			ADDRESS		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro Vascular Accident DUE TO (A) Cerebro Vascular Accident (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 Week	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 22, 1946 to 11 13 , 1952, that I last saw the deceased alive on 11.13.52 , 19, and that death occurred at 4.50 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. J. Hunter		23b. ADDRESS 4940 Eastern Ave		23c. DATE SIGNED 11.13.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-17-52		24c. NAME OF CEMETERY OR CREMATORY Mr. Olivet Cem.	
24d. LOCATION (City, town, or county) Balto.		24e. STATE Md.		25. FUNERAL DIRECTOR George B. Farley - Catonsville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	

8201 HLA

EXHIBIT OF DEATH

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EXHIBIT OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 10484**

BIRTH NO. **10484** *Non Rec*

1. NAME OF DECEASED
(Type or Print)

Charles E. Tickner

2. DATE OF DEATH

Nov. 17-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*Warren
116 Grant St*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

male

white

2-2-51

1

9 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Warren, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Willis E. Tickner

14. MOTHER'S MAIDEN NAME

Margaret Farnsworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *754.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Tetralogy of Fallot

INTERVAL BETWEEN ONSET AND DEATH

20 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

November 17, 52

Tetralogy of Fallot

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *November 4*, 19*52*, to *November 17*, 19*52*, that I last saw the deceased alive on *Nov 17*, 19*52*, and that death occurred at *11:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Simon Harold Kay

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

11/17/52

Oakland Cemetery

Warren, Pennsylvania

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 17 1952

Huntington Williams, M.D.

Wm. Cook, Inc., 1217 St. Paul St

MEDICAL CERTIFICATION

1940

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Dec 12 1940

112 West 1st St
Los Angeles

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314
52 10485BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10485

1. NAME OF DECEASED
(Type or Print)

MARIA STABILE

2. DATE

OF

DEATH

Nov. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2305 ST. PAUL ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. PAUL NURSING HOME

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.

Mos.

Days

D. STREET ADDRESS (If rural, give location)

432 S. Elrino St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 10, 1857

9. AGE (In years last birthday)

95

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

DiMarco

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Fred. Appel 4604 Eastern Ave.

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) senility

DUE TO

sevyrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerosis

sev yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1951 to Nov 13, 1952, that I last saw the deceased alive on Nov 13, 1952, and that death occurred at 3:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

6. E. Elmer, M.D.

2431 MARYLAND AVENUE Balto 11-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

7224 Eastern Blvd. Ba. Co.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

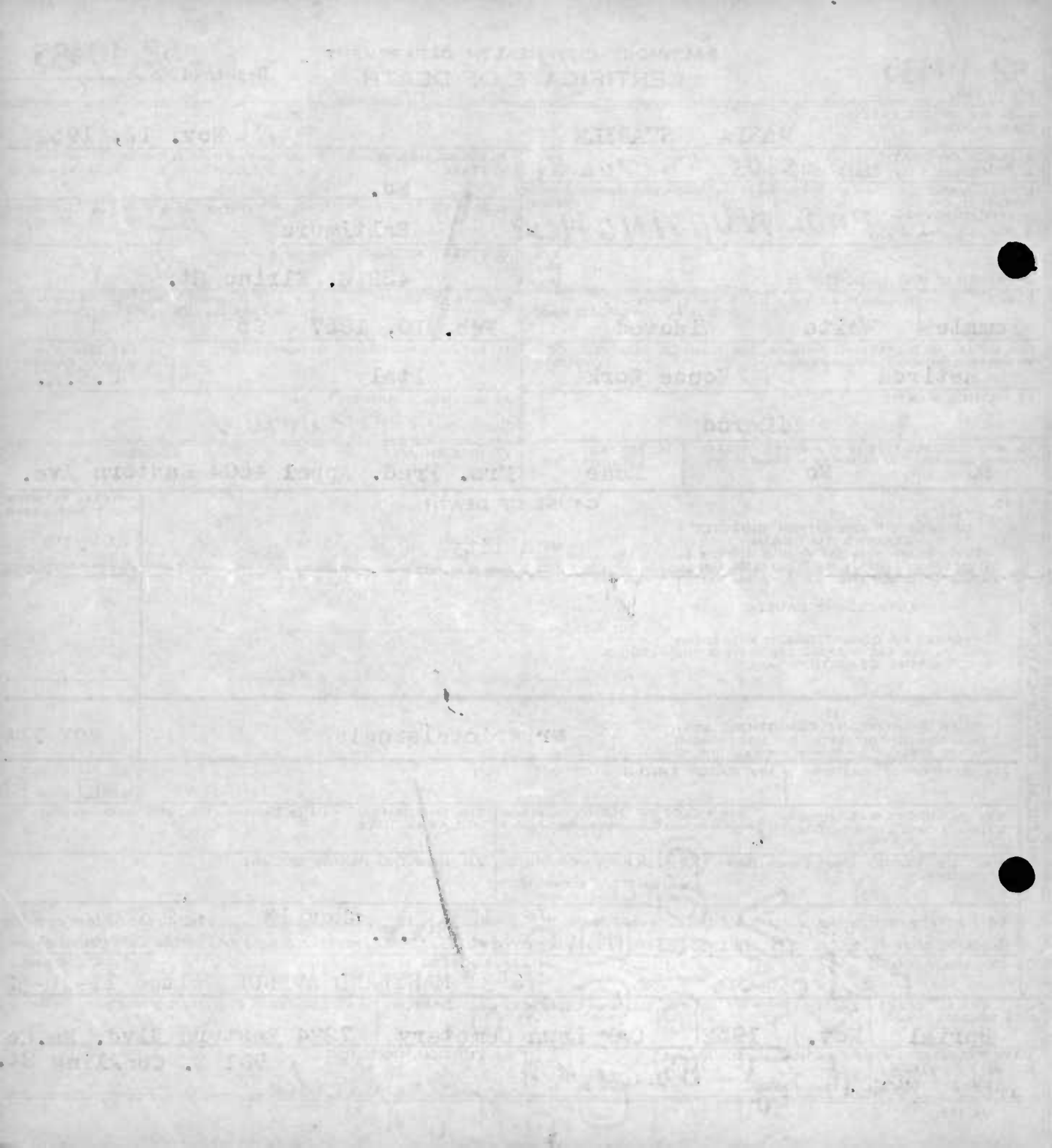
25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

L. S. Seiler

901 S. Conkling St.



-400
52 10486
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10486

1. NAME OF DECEASED (Type or Print) JOHN ROBERT WILEY		2. DATE OF DEATH Nov. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 802 S. Rose Street - 24		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel	9. AGE (In years last birthday) 53 # Under 1 Year _____ Months: Days _____ # Under 24 Hours _____ Hours: Min. _____
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HENRY WILEY		14. MOTHER'S MAIDEN NAME BARBARA WEIDINGER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213-03-5854	
17. INFORMANT Helen K. Wiley		ADDRESS 802 S. Rose St.	
18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intestinal Obstruction adhesions DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION Nov. 15, 1952		19B. MAJOR FINDINGS OF OPERATION Intestinal obstruction - adhesions	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 12th, 1952 , to Nov. 16th, 1952 that I last saw the deceased alive on Nov. 16th, 1952 , and that death occurred at 1:15 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE J. O'Neill		23B. ADDRESS 1400 N. Caroline Street - 13	
23C. DATE SIGNED Nov. 16th, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 19, 1952	
24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery		24D. LOCATION (City, town, or county) (State) 1300 DUNDALK AVE. MD	
DATE RECEIVED BY LOCAL REGISTRAR NOV 17 1952		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR Charles S. Zeiler		ADDRESS 901 S. Conkling St.	

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1955

DEPARTMENT OF THE ARMY

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245
52 10487BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10487
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie M. Mc Williams

2. DATE
OF
DEATH

November 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Lutheran Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTELutheran Hospital
730 Ashburton Str. Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-09

D. STREET ADDRESS (If rural, give location)

2107 Mt. Holly Str.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

August 21, 1874

9. AGE (In years last birthday)

78

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Peter Scheniant

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS

Hospital records
Lutheran Hospital, Baltimore Md.

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) decompensation of
coronary arteriosclerotic heart-disease 2 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) cardiovascular arteriosclerosis 6 years

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 16, 1952 to November 17, 1952 that I last saw the deceased alive on November 17, 1952, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Rudolph M. Zander M.D. assistant resident

23B. ADDRESS

Lutheran Hospital, Baltimore Md.

23C. DATE SIGNED

11-17-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-19-1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. Howard Strong 307 W. North Ave

ADDRESS

1945

CERTIFICATE OF DEATH

AS DECEASED

1945



632
52 10488BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10488
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George Louis Beardsley</i>		2. DATE OF DEATH <i>NOV 15 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Med. Thomas 2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonsville 28</i>	
d. STREET ADDRESS (If rural, give location) <i>500 Dorchester Road</i>		e. LENGTH OF STAY IN BALTIMORE <i>30</i> Yrs. Mos. Days	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-3-12</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad Engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Minn.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Fred Beardsley</i>		14. MOTHER'S MAIDEN NAME <i>Laura Fryer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>220-055825</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>204.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic myelogenous leukemia</i>	CAUSE OF DEATH <i>Chronic myelogenous leukemia</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10-18* - *11-15*, 1952 to *11-15*, 1952, that I last saw the deceased alive on *11-15*, 1952, and that death occurred at *3:30* A.M., from the causes and on the date stated above.

23A. SIGNATURE <i>V. Salas de Aguilar</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11-15-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-18-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Howard Strong</i>	ADDRESS <i>3207 W. North Ave.</i>
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VS 150

220
52 10489BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10489

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Arizona Alice Buckley			2. DATE OF DEATH Nov. 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3502 Clifton Ave.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Fetterhoff Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 614 Lennox St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 17, 1875		9. AGE (In years last birthday) 77 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10B. KIND OF BUSINESS OR INDUSTRY John Hancock Drug		11. BIRTHPLACE (State or foreign country) Balto. Md	
13. FATHER'S NAME David Z. Buckley			14. MOTHER'S MAIDEN NAME Mary E. McKeldin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Joaquin W. Buckley California	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardio vascular disease. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Immediate ?
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9/11/1952** to **11/16/1952**, that I last saw the deceased alive on **11/15, 1952**, and that death occurred at **1.30 a.m.** from the causes and on the date stated above.

23A. SIGNATURE Harry Deibel M.D.		23B. ADDRESS 1226 Hanover St.		23C. DATE SIGNED 11/17/52.	
--	--	---	--	--------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/18/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Balto. Md.	
--	--	------------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.	
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VS 150

5-9-57 0401

Dr. H. Deibel
176 Hanover St.

H 0100

460

52 10490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10490

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Miller

2. DATE
OF
DEATH

Nov. 17, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Univ. Hosp.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

a. STATE

Md.

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give (township))

Baltimore 27-18

d. STREET ADDRESS (If rural, give location)

5418 Price Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct-1896

9. AGE (In years last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Bernstein

14. MOTHER'S MAIDEN NAME

Sara Bernstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Daughter 5418 Price Ave.

18. 420.0 and 260x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive Failure
Arteriosclerotic Heart
Disease

6 yrs.

ANTECEDENT CAUSES

DUE TO

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 13, 1952 to Nov. 17, 1952 that I last saw the deceased alive on Nov. 17, 1952, and that death occurred at 745 a.m., from the causes and on the date stated above.

23a. SIGNATURE

J. D. Baker

M. D.

23b. ADDRESS

Univ. Hosp

23c. DATE SIGNED

11/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1952

Huntington Williams, M.D. 2100 Gutter Pl

26

540
52 10491BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10491
Registered No.

BIRTH NO. 52-27816

1. NAME OF DECEASED
(Type or Print)

BABY GIRL O'MALLEY

2. DATE
OF
DEATH

11/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSP.

Yrs.
Mos.
Days

length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

11/16/52

9. AGE (In years
last birthday)

4

If Under 1 Year

If Under 24 Hours

Months: Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

EDWARD O'MALLEY

14. MOTHER'S MAIDEN NAME

Mrs. Geary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 hr.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1952, to 11/16, 1952 that I last saw the
deceased alive on 11/16, 1952 and that death occurred at 4:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Longden

M. D.

23B. ADDRESS

MERCY HOSP

23C. DATE SIGNED

11/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. F. Evans & Son
118 W. Mt. Royal Ave.

ADDRESS

104-2 98

RECEIVED BY THE DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

3 10105 98

TO: SAC, NEW YORK (104-2 98)

FROM: SAC, NEW YORK (104-2 98)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

FOR: [Illegible]

THROUGH: [Illegible]

BY: [Illegible]

DATE: [Illegible]

BY: [Illegible]

DATE: [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10492

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS L. BAILEY

2. DATE
OF
DEATH

Nov. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1532 Wilmer Court

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

UN

8. DATE OF BIRTH

UN

9. AGE (In years
last birthday)

31

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

KN

11. BIRTHPLACE (State or foreign country)

KN

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

OW

14. MOTHER'S MAIDEN NAME

OW

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

UN

17. INFORMANT

ADDRESS

✓

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1952

Huntington Williams, M.D.

Huntington Williams, M.D.

VS 151

JOHN HOPKINS MEDICAL SCHOOL NOV 17 1952

FORM 1-52

UNITED STATES DEPARTMENT OF THE INTERIOR

BLANK

52 10493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10493

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD E. BETSON

2. DATE
OF
DEATH

Nov. 6, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland b. COUNTYc. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 4-02

d. STREET ADDRESS (If rural, give location)

116 N. Pine Street

length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

72

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

U

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

N

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

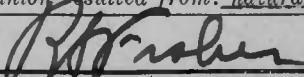
m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE



M.D.

23b. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23c. DATE SIGNED
Nov. 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

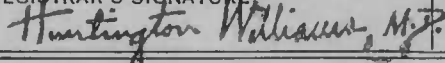
24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

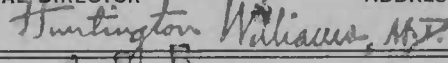
(State)

DATE RECEIVED BY LOCAL REGISTRAR
NOV 18 1952

REGISTRAR'S SIGNATURE



25. FUNERAL DIRECTOR



ADDRESS

8001 57

RECEIVED - 10/10/70

10/10/70

10/10/70

10/10/70

4

4

10/10/70

4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10494

Registered No.

BIRTH NO. 52-27473

1. NAME OF DECEASED (Type or Print) <i>Baby Bay Harris</i>		2. DATE OF DEATH <i>11/17/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Linai Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-14</i>	
D. STREET ADDRESS (If rural, give location) <i>4238 Evans Chapel Rd</i>		E. LENGTH OF stay in Baltimore <i>2 days</i>	
5. SEX <i>m</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>11/14/52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (in years last birthday) <i>3</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Harris</i>		14. MOTHER'S MAIDEN NAME <i>Mary Harris Beale</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Geo. Harris - 4238 Evans Chapel Rd.</i>		ADDRESS	

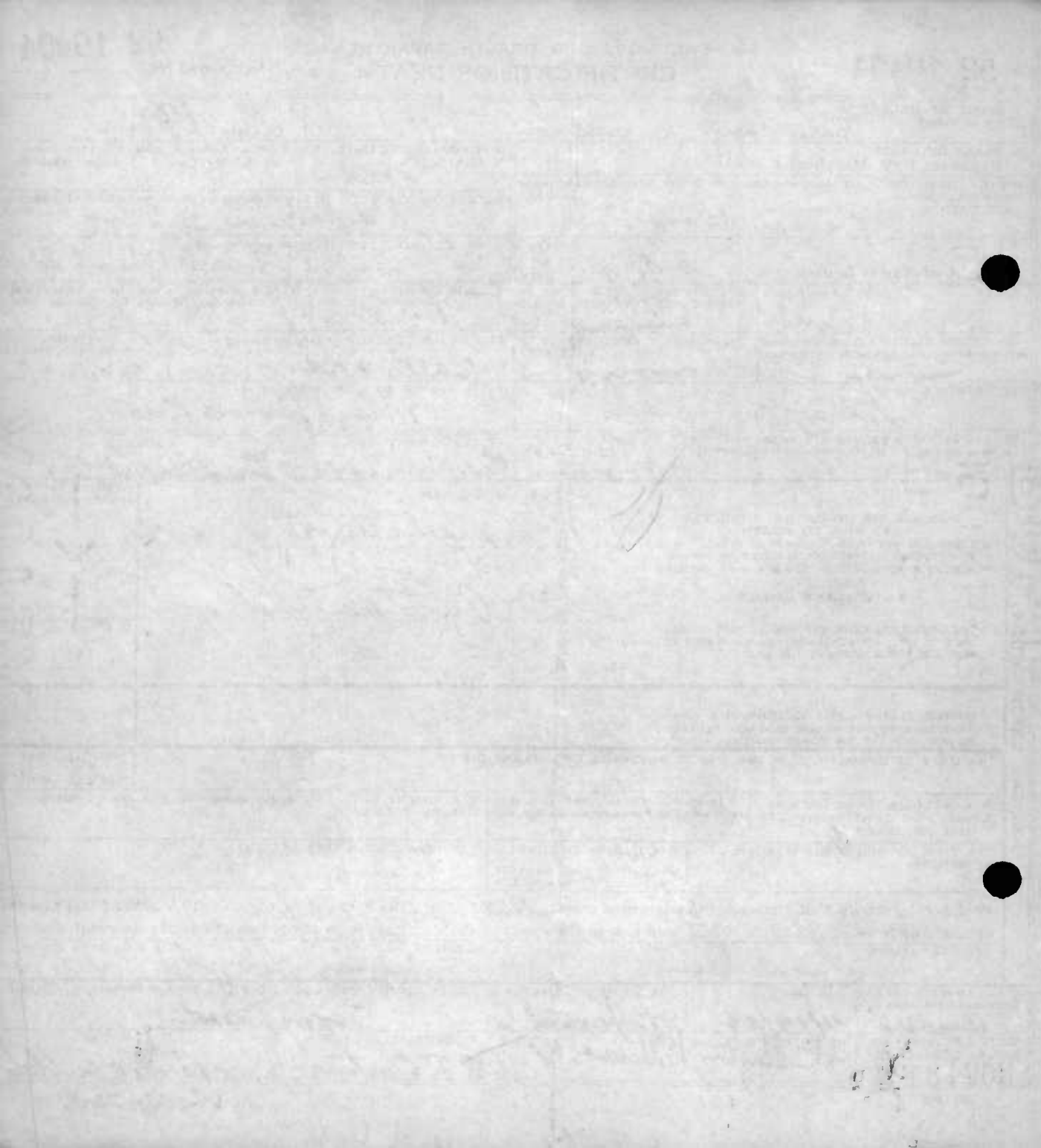
18. 774X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia</i>		CAUSE OF DEATH (A) <i>Pneumonia</i> DUE TO (B) <i>Pneumonia</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>11/17/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/14</i> , 1952, to <i>11/17</i> , 1952, that I last saw the deceased alive on <i>11/17</i> , 1952, and that death occurred at <i>6:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Leon Danner</i>		23B. ADDRESS <i>Linai Hospital</i>		23C. DATE SIGNED <i>11/17/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/19/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Joseph's</i>		24D. LOCATION (City, town, or county) (State) <i>Texas, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm I. Chatman, Jr.</i>		ADDRESS <i>1701 M. & C. Bldg. Balto. Md.</i>	

VS 150

MEDICAL CERTIFICATION



52 10495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10495
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's Hospital

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Julian Frank Maliszewski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

Nov. 18th 1952

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

513 S Register Street - 31

Length of stay in Baltimore

1 1/2 da.

Yrs.
Mos.
Days

B. DATE OF BIRTH

Nov. 16, 1952

9. AGE (In years last birthday)

If Under 1 Year
Months: Days

1 1/2

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Swiderski, Bertha

17. INFORMANT

ADDRESS

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis of Newborn

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16th, 1952 to Nov. 18th, 1952, that I last saw the deceased alive on Nov. 18th, 1952, and that death occurred at 1:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

1400 N. Caroline Street-13

Nov. 18, 1952

24A. BURIAL & CREMATION. REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

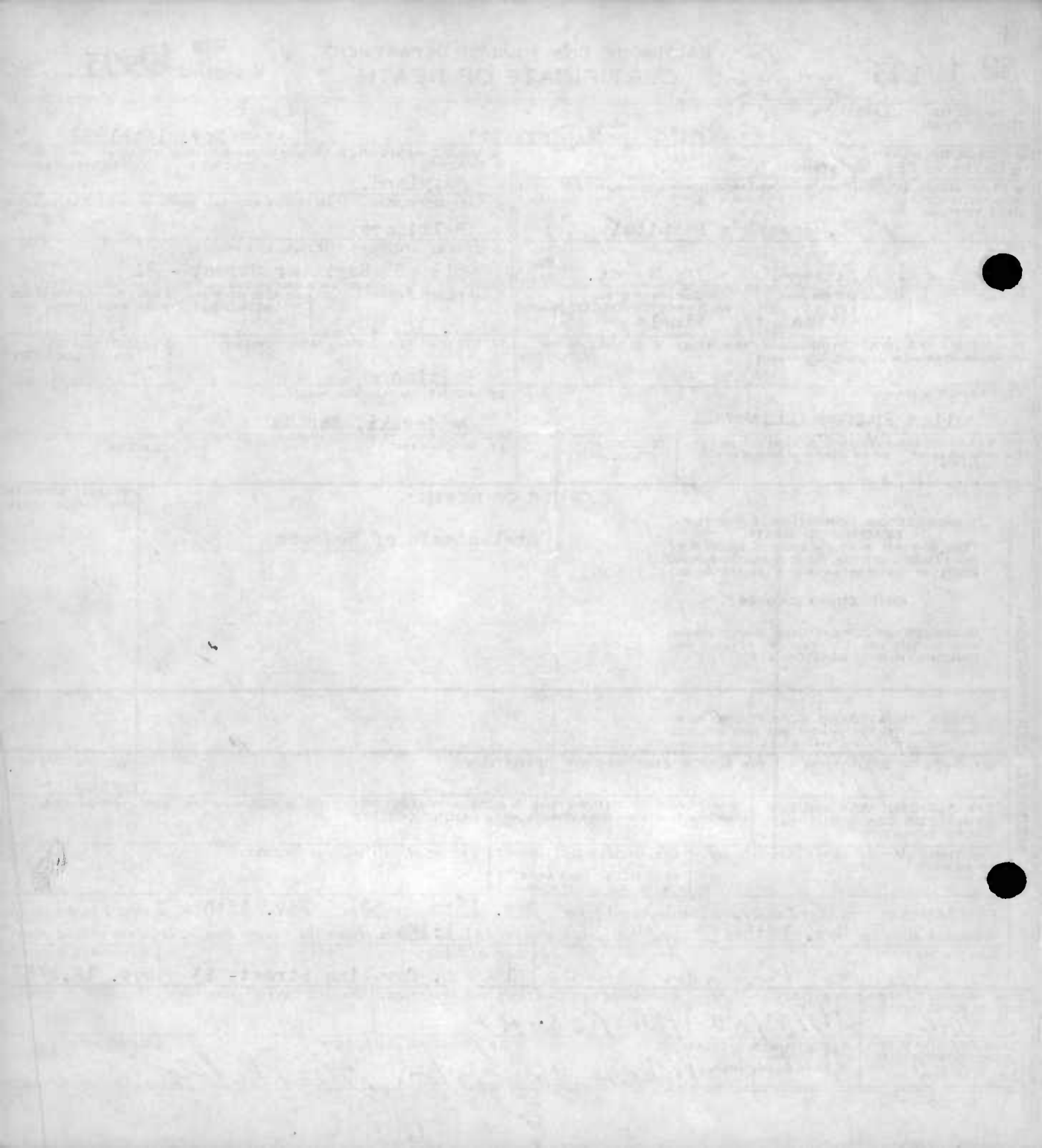
25. FUNERAL DIRECTOR

ADDRESS

NOV 18 1952

Huntington Williams, M.D.

John M. Weber 401 S. Chester



630
52 10496BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 10496

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick

Sheet

2. DATE
OF
DEATH

11/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3009 Belair Rd.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto, 8-01

D. STREET ADDRESS (If rural, give location)

3009 Belair Rd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/14/1884

9. AGE (In years

last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Mutual Clinical Co.

N. Y.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Henry Sheet

(M)

14. MOTHER'S MAIDEN NAME
Rosetta (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215-09-7203

17. INFORMANT

ADDRESS

Ruth S. Denley 3009 Belair Rd.

18. 195X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Crown pharyngoma

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept 1952

19B. MAJOR FINDINGS OF OPERATION

Malignant tumor from nose

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1946 to 11-16, 1952, that I last saw the deceased alive on 11-15, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Feunoy

M. O.

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

11-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/19/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cook Inc. 218 St. Paul St.

NOV 18 1952

VS 150

5234R

MEDICAL CERTIFICATION

1938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED [Faint text]		2. SEX [Faint text]	
3. AGE [Faint text]		4. DATE OF BIRTH [Faint text]	
5. PLACE OF BIRTH [Faint text]		6. OCCUPATION [Faint text]	
7. MARITAL STATUS [Faint text]		8. EDUCATION [Faint text]	
9. RELIGION [Faint text]		10. RACE [Faint text]	
11. CAUSE OF DEATH [Faint text]		12. PLACE OF DEATH [Faint text]	
13. TIME OF DEATH [Faint text]		14. SIGNATURE OF DECEASED [Faint text]	
15. SIGNATURE OF WITNESS [Faint text]		16. SIGNATURE OF PHYSICIAN [Faint text]	
17. SIGNATURE OF CORONER [Faint text]		18. SIGNATURE OF BURIAL OFFICER [Faint text]	
19. SIGNATURE OF REGISTRAR [Faint text]		20. SIGNATURE OF CLERK [Faint text]	

T-550
52 10497BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10497
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James E. Tennien			2. DATE OF DEATH November 16, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) 421 E. Biddle Street			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 421 E. Biddle Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 5, 1907	9. AGE (In years last birthday) 45	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Paper Maker		10B. KIND OF BUSINESS OR INDUSTRY Paper Mill		11. BIRTHPLACE (State or foreign country) Vermont	
13. FATHER'S NAME Charles Tennien			14. MOTHER'S MAIDEN NAME ---		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Anna Tennien, 421 E. Biddle Street	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		ADDRESS 421 E. Biddle Street	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia (A) DUE TO ANTECEDENT CAUSES (B) DUE TO Tuberculosis (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Pneumonia Tuberculosis	INTERVAL BETWEEN ONSET AND DEATH
---	---	----------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 18, 1952 , to Nov 14, 1952 , that I last saw the deceased alive on Nov 14, 1952 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Milton H. Brown		23B. ADDRESS 1429 N. Fayette St.		23C. DATE SIGNED 11/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/18/52		24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Wm. Cook, Inc.		24F. ADDRESS 1217 St. Paul Street	
DATE RECEIVED BY NOV 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc.	

56204510489

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Form 100-101

CAUSE OF DEATH

1. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

2. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

3. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

4. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

5. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

6. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

7. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

8. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

9. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

10. I hereby certify that the above is a true and correct statement of the cause of death of the deceased as determined by me or by a physician or other qualified person.

M-430
52 10498BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10498
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Marie Gallagher Moylan		2. DATE OF DEATH November 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 623 Deepdene Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX female		D. STREET ADDRESS (If rural, give location) 623 Deepdene Road 27-13	
6. COLOR OR RACE white		E. AGE (In years last birthday) 56	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		F. DATE OF BIRTH August 19, 1896	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
10B. KIND OF BUSINESS OR INDUSTRY own home		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Gallagher		14. MOTHER'S MAIDEN NAME Elizabeth Burns	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Shirley Moylan, 623 Deepdene Road	
16. SOCIAL SECURITY NO.			

18. 201X CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
DUE TO (A) Hodgkin Disease 2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948 to Nov 1952, that I last saw the deceased alive on Nov 17, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE William J. Helpeck M. D. 23B. ADDRESS 5006 Roanoke Ave 23C. DATE SIGNED 11/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify) burial 24B. DATE 11/19/52 24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR NOV 18 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street

H-600
52 10499BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 10499

1. NAME OF DECEASED (Type or Print)		DORA P. HERR		2. DATE OF DEATH November 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1347 Sargeant Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1347 Sargeant Street 21-02			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 24, 1868	9. AGE (In years last birthday) 84	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Henry Flack		14. MOTHER'S MAIDEN NAME Pauline Rose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Marie Bunch, 1347 Sargeant Street	
18. 159x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma New caecum DUE TO (B) region of gastro-intestines 1 yr DUE TO (C) heart INTERVAL BETWEEN ONSET AND DEATH		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-25, 1952, to 11-16, 1952, that I last saw the deceased alive on 11-15, 1952, and that death occurred at 10:50 P.M., from the causes and on the date stated above.					
23A. SIGNATURE John P. Unlock, Jr.		23B. ADDRESS 1227 Waver. Blvd.		23C. DATE SIGNED 11/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/20/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24F. LOCATION (City, town, or county) Baltimore, Maryland	
25. FUNERAL DIRECTOR K. M. Cook, Inc.		25. FUNERAL DIRECTOR K. M. Cook, Inc.		25. FUNERAL DIRECTOR K. M. Cook, Inc.	
25. FUNERAL DIRECTOR K. M. Cook, Inc.		25. FUNERAL DIRECTOR K. M. Cook, Inc.		25. FUNERAL DIRECTOR K. M. Cook, Inc.	

G-360
52 10500BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 10500
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Jessie Gaither</i>		2. DATE OF DEATH <i>Nov. 15, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1727 W. North Ave.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 15-02</i>	
C. <i>Birth</i> of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1727 W. North Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 9, 1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>gen</i>	9. AGE (In years last birthday) <i>62</i>
11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joseph Gaither</i>		14. MOTHER'S MAIDEN NAME <i>Sadie King</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>212-13-2441</i>	17. INFORMANT <i>Mrs. Cora Gaither 1727 W. North Ave.</i>
18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cardiac dilatation</i> DUE TO (B) <i>Myo-Carditis, Hemiplegia</i> DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-13-</i> , 1952, to <i>11-15-</i> , 1952, that I last saw the deceased alive on <i>11-15-</i> , 1952, and that death occurred at <i>10 P</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. R. Boykin</i>		23B. ADDRESS <i>1133 N. Monroe</i>	23C. DATE SIGNED <i>11-18-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 19, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cemetery</i>
24D. LOCATION (City, town, or county) (State) <i>Westport, Baltimore, Ind.</i>		25. FUNERAL DIRECTOR <i>Joseph L. Russ 1206 Druid Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 18 1952</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>	

